County Borough of Eastbourne.



### ANNUAL REPORT

For 1933 on the

# Health of Eastbourne,

Vital Statistics, Sanitary Work, &c.

### W. G. WILLOUGHBY, M.D., Lond.,

Major R.A.M.C. Ret.;
M.D. Lond. in Medicine and in State Medicine;
M.R.C.S. Eng.; L.R.C.P. Lond.;
Diplomate in Public Health of Cambridge University;
Hon. Fellow of the Royal Academy of Medicine, Ireland.

### EASTBOURNE:

V. V. Sumfield, Printer, Station Street.



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EASTBOURNE, V. V. Sumfield, Printer, Station Street.

### SANITARY AND PUBLIC HEALTH COMMITTEE.

\*Councillor Miss Chamberlain (Chairman).

\*Councillor Dr. PORTER, J.P. (Deputy-Chairman).

THE MAYOR (Mr. Alderman L. MACLACHLAN, J.P.).

\*Mr. Alderman ALCE.

\*Mr. Alderman THORNTON.

Alderman Lt.-Col. GWYNNE,

\*Mr. Councillor AVARD.

D.S.O., D.L., J.P. Mr. Councillor MILES THOMPSON.

\*Alderman Miss Hudson, J.P. Mr. Councillor West.

\*Members of the Hospital and Tuberculosis Sub-Committee.

### MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Alderman Miss Hudson, J.P. (Chairman).

Councillor Miss Chamberlain (Deputy-Chairman).

Mr. Alderman ALCE.

Councillor Dr. Porter.

Mr. Alderman THORNTON.

Councillor Mrs. WILKES.

Co-opted Members:

Mrs. Reade, Mrs. Stanbridge and Mrs. Sturt.

### STAFF.

### Public Health Department.

Medical Officer of Health and Chief Tuberculosis Officer: W. G. WILLOUGHBY, M.D. Lond., D.P.H., M.R.C.S., etc.

Assistant Medical Officer of Health:

Miss E. H. B. Coghill, L.R.C.P., L.R.C.S., L.F.P.S. (till 5th June, 1933) John Fenton, M.B., B.Ch., B.A.O., D.P.H. (from 6th June, 1933). *Joint Clinical Tuberculosis Officer:* 

\*D. G. CHURCHER. M.D., F.R.C.S.

Medical Officer, V.D. Centre and Pathology:

\*A. G. SHERA, M.A., M.D., M.R.C.S., L.R.C.P.

Borough Analyst: \*Dr. S. Allinson Woodhead, F.I.C., Lewes.

Veterinary Officer: \*Mr. T. G. CHAMBERLAIN.

### Sanitary Inspectors:

E. G. Spears, Cert. S.I. (till 30th June, 1933).

I. H. OLLETT, Cert. S.I., R.P.C.

S. R. HENDERSON, Cert. S.I.

A. LINDFIELD, Cert. S.I.

R. STAYNES, Cert. S.I. (from 1st August, 1933).

Meat Inspector (Part-time) (for Rural District):

\* W. RAMSDEN, Cert. R.S.I.

### Health Visitors:

Miss R. Clark (1909), Cert. R.S.I., Cert. C.M.B.

Miss M. L. RICHNELL (1918), Cert. R.S.I.

Miss I. SIMMONDS (1918), Cert. C.M.B.

Miss L. Curtis (1923), Cert. C.M.B.

Miss O. Mack (1929), Cert. C.M.B.

Miss E. WARD (1930), Cert. C.M.B.

#### Clerks:

H. T. HOUNSOM (Chief Clerk). C. A. HEMSLEY.

A. H. HOOKHAM. W. L. PECK.

w

Miss M. G. Beney (till 31st Mar., 1933). Miss E. Wallace (from 2nd Jan., 1933)

Miss R. M. Voysey.

Disinfecter, etc.: C. PRODGER.

### BOROUGH INFECTIOUS DISEASES HOSPITAL.

Medical Officer: THE MEDICAL OFFICER OF HEALTH.

Matron: Miss M. G. BAILEY (till 2nd December, 1933).

### GILDREDGE TUBERCULOSIS HOSPITAL.

Administrative Medical Officer: THE MEDICAL OFFICER OF HEALTH.

Clinical Medical Officer: \*D. G. CHURCHER, M.D., F.R.C.S.

Matron: Miss A. STRUGNELL.

### MUNICIPAL MATERNITY HOME.

Administrative Medical Officer: The Medical Officer of Health.

Medical Attendant: The Assistant Medical Officer of Health.

Consulting Gynaecologist: \*A. H. CROOK, M.A., M.Ch. M.B., F.R.C.S.

Matron: Miss C. B. MACINTOSH.

Lecturer to Pupils: \*Miss E. Downing, M.B., B.S. (Medical Practitioners attend their own patients.)

#### ORTHOPAEDIC CLINIC.

Superintendent Medical Officer: The Medical Officer of Health.

Medical Officer: Dr. J. Fenton.

Consulting Orthopaedic Specialist: \*Mr. H. J. SEDDON, F.R.C.S. Sister-in-Charge: Miss H. Murphy, C.S.M.M.G., M.E., S.R.E.

#### BLIND PERSONS.

Consultant Ophthalmic Surgeon:

\*E. V. OULTON, B.A., M.B., B.Ch., D.O.M.S.

Visitor to the Blind:

\*Miss D. E. Baskett.

### VACCINATION OFFICER.

\*G. E. Hodges.

### Public Assistance Department.

Advisory Medical Officer: THE MEDICAL OFFICER OF HEALTH.

District Medical Officers:

\*E. Bramley, M.B., B.S. \*C. R. Alderson, M.R.C.S., L.R.C.P.

Public Vaccinator: \*E. Bramley, M.B., B.S.

### ST. MARY'S HOSPITAL.

Medical Officer: \*H. R. McAleenan, M.D., B.S.

### Consulting Surgeon:

\*E. A. FIDDIAN, M.D., D.P.H., F.R.C.S. (Edin.), L.R.C.P.

Consulting Radiologist: \*G. P. NORMAN, M.D.

Consulting Dentist: \*A. H. PICKETT, L.D.S., R.C.S.

Superintendent Nurse: Miss M. LETHEREN.

### CHILDREN'S HOMES.

Superintendent: Miss M. A. VICKERY.

#### SCHOOL CLINICS.

Medical Consultants:

Ophthalmic: \*E. V. Oulton, B.A., M.B., B.Ch., D.O.M.S.

Aural } \*D. E. O'C. Cuffey, F.R.C.S., Ed. Throat } \*R. C. MacQueen, F.R.C.S.

Orthopaedic: \*H. J. SEDDON, F.R.C.S.

Radiology: \*G. P. NORMAN, M.D., M.B., Ch.B.

Dentist: \*A. H. PICKETT, L.D.S., R.C.S.

Medical Inspector, Boys' Secondary School: \*T. TURNER, M.B., B.S.

\* Part-time Officers.

### County Borough of Eastbourne, 1933.

- SITUATION.—Latitude, 50° 46′ N.; Longitude, 0° 17′ E.
- ELEVATION OF THE AREA BUILT OVER.—Varies from 150 feet above (at the West End) to 4 feet below high water mark (in East of the Borough).
- SLOPE.-From West to East. ASPECT.-South and South-East.
- Area.—Of the Borough, 6,847 acres, including foreshore 332 acres; of the part built over, about one third.
- Density of Population.—For the Borough, about 10 persons per acre; for the part built over, about 30.
- Number of Inhabited Dwellings.—At Census of 1891, 5,190; at Census of 1901, 7,088; at Census of 1911, 8,967; at Census of 1921, 10,083; at Census of 1931, 12,288.
- Population.—Census (1891), 34,960; Census (1901), 43,344; Census (1911), 52,542; Census (1921), 62,028; Census (1931), 57,435; 1933 (calculated), 57,500; Registrar-General, 56,550.
- RATEABLE VALUE.—£834,081.
- GENERAL RATE.—7s. 10d.
- BIRTH-RATE.—11.3 per 1,000. England and Wales, 14.4 per 1,000.
- DEATH-RATES. Death-rate, 13.2 per 1,000. England and Wales, 12.3 per 1,000.
  - Nett Infantile Mortality, 50 per 1,000 births. England and Wales, 64 per 1,000 births.
- MEAN ANNUAL TEMPERATURE.—50.8 degrees Fahr.
- Hours of Bright Sunshine.—2094.3 hours; daily average, 5.61 hours; summer six months, 7.95; winter, 2.92 hours.
- TOTAL RAINFALL.—23.46 inches.

To His Worship the Mayor and to the Aldermen and Councillors of the County Borough of Eastbourne.

MR. MAYOR, LADIES AND GENTLEMEN,

In accordance with the instructions of the Ministry of Health, I submit herewith my Annual Report on the Vital Statistics and work of the Public Health Department for the year 1933. This is the fortieth Annual Report I have submitted.

The report is arranged as in previous years for convenience of comparison.

The general health throughout the year was on the whole good, subject to matters specially referred to in this and my other report on the health of school children.

The birth-rate was 11.3 per 1,000, equal to the lowest annual birth-rate recorded in Eastbourne.

The death-rate in 1933 was 13.27 per 1,000. Of the 741 persons who died, 63 were over 85 years, and of the total, 429 were over 65 years of age.

The gradually increased average age of the population in Eastbourne, as in the country generally, has considerably affected the death-rate. The death-rate of young persons remains small. Infants died at the rate of 50 per 1,000 births, as compared with 64 per 1,000 in England and Wales. At school age, viz., 5–15 years, only four deaths occurred during the year. These satisfactory facts cannot result in a lowering of the death-rate, owing to the number of inevitable deaths of persons of advanced age.

The country is in a serious position in this respect, and there are now in such residential districts as Eastbourne more deaths than births. This will be so all over the country in a year or two. If the circumstances in connection with the fewer births were always or nearly always satisfactory, the reduction of the number of the population would not be serious. Large families, however, are too often found in circumstances which lead to the necessity for continued Public Assistance in one or more of its various forms.

The average condition of the population as regards health, as well as Public Assistance, suffers.

Although the infant mortality rate was not at its lowest, it was well below that for England and Wales, and its lowness warrants the close attention given to maternity and child welfare. The few deaths between infancy and adolescence must mean also a lessening of serious illness at those ages. Too many children, however, still arrive at school age, and at the medical examination of school entrants, showing effects of illness and requiring treatment. To be below the average of the country is not sufficient in this respect, and there is still very much work to be done to prevent about 17 per cent. of the elementary school children arriving at school not quite fit in all respects for their educational work. There was a slight increase in cases of lack of nutrition. The work of the maternity and child welfare nurses and of the Maternity Home is extremely valuable in helping to maintain the health of the fewer children born.

Pulmonary tuberculosis or consumption continues its slow decrease in the community. There was in Eastbourne at the end of 1933 a reduction in the number of the total cases of 35 per cent. compared with ten years ago.

Infectious illness continued at a comparatively low ebb in 1933. It has not been found possible to institute specific prophylactic treatment for diphtheria, but the cases have been comparatively few and the universal isolation at the appropriate hospital has its very great use in various ways.

There was a slight drop in the number of deaths from cancer. A "Cancer Campaign" has been arranged for 1934. To assist in the strenuous research into causes, which may lead to effective measures of prevention, and to urge the importance of early diagnosis with a view to successful treatment are the main objects. It is true that increased length of life is one of the reasons for the number of increased deaths from cancer, but this does not lessen the need for increased activity as regards prevention and early treatment.

The municipal hospital of St. Mary's, though not yet "appropriated" from the poor law, has been increasingly

used in 1933, the patients occasionally numbering over two hundred. St. Mary's became a full training hospital for nurses on July 1st, 1933, and a new ward of 21 beds for children was opened.

During the year the Ministry of Health and the Board of Education carried out a survey of the work of the medical services of the Public Health and School Medical Departments. In the subsequent reports to the Council, the maternity and child welfare services and the orthopaedic work received special commendation. The arrangements for the latter form a complete system for treating cripples and for dealing with conditions which might lead to crippling. The clinic owes very much of its success to the work of Miss Murphy, who carries out the exercises and treatments under medical directions. The work is for children only. Some similar work for adults is carried on at a private clinic, and the hospitals also deal with similar cases.

The position as regards housing is set forth fully in that section of the report. There is still no sign of any other solution than building by the municipality of houses to let, as far as genuine Eastbourne persons of small means are concerned. It will be noted that all the houses scheduled as unfit for human habitation and beyond repair have been dealt with and there are no slum areas to be cleared.

The work of the Sanitary Inspectors and of the Health Visitors, though not in the limelight, has been of the greatest importance in connection with the continued healthiness of the borough. I wish to record also my thanks to the members of the medical profession for their continued kind co-operation in the work which is so necessary for its success.

I wish also to sincerely thank the members of the Council and its officers, and the members of my own staff, for the support so essential to the progress of the public health. Mr. Hounsom and Mr. Hookham have been especially helpful in the preparation of this report.

I am, Mr. Mayor, Ladies and Gentlemen, Your obedient Servant,

W. G. WILLOUGHBY.

Medical Officer of Health.

### NATURAL & SOCIAL CONDITIONS OF THE DISTRICT.

### PHYSICAL FEATURES.

THE Borough of Eastbourne, situated in Lat. 50° 46′ N. and Long. 0° 17′ E. was incorporated in June, 1883. On April 1st, 1911, Hampden Park was added and the Borough became a County Borough.

By the Eastbourne Corporation Act of 1926, approximately 14 acres were added to the Borough at its northwestern extremity.

The acreage is 6,847; of this 19 acres are inland water and 332 acres foreshore.

About one-third of the acreage is built over, the remainder is mainly downs and agricultural land.

The Borough is situate on and at the foot of the eastern slope of the South Downs. The highest point is 590 feet above sea level on the downs; the portion covered by houses varies from 150 feet above to 4 feet below highest spring tide level. The downs shelter the town from the west and south-west.

The front of the town is open to the sea facing south and south-east, and this ensures a very large amount of sunshine, as is shown by the sunshine record.

One of the most satisfactory characteristics of Eastbourne is the extent of the Borough compared with the number of houses and population. The number of open spaces and gardens conduces to its healthiness.

With the large extent of sea front along the south and south-east and the downs on the south-west and west free and open to the public, Eastbourne is well provided with open space around it.

In accordance with a Local Act of 1926 the Corporation obtained by agreement lands forming part of the downs in the neighbourhood of the Borough. The whole of the downs on the west of the Borough is therefore open country and will continue so.

### GEOLOGY.

Eastbourne is for the greater part on chalk, which is a very healthy sub-soil. The western part of the town, including Meads, Old Town and Upperton, is practically entirely on chalk. The central and eastern districts are to a small extent on chalk and greensand, but mainly on alluvium and shingle, with a little clay. Valley gravel covers the chalk and greensand in the valleys. There is a comparatively small amount of clay soil in the central part of the town, and a strip of upper greensand, which is narrow along the Grand Parade and widens as it passes from west to east to about Bourne Street, where it narrows again until it ends about half-a-mile east of the pier.

The remainder of Eastbourne in the east is on alluvium and on the beach.

Hampden Park is on the alluvium just at the termination of the chalk.

### METEOROLOGY AND CLIMATE.

Full details, and comparative tables, of the meteorology of Eastbourne are given in the Annual Meteorological Report prepared by the observer, Mr. Hookham. Readings have to be taken every day throughout the year in all weathers, at 9 a.m., 5 p.m., and 9 p.m., Greenwich Mean Time. Eastbourne is a special meteorological station, and the department is kept in accord with the wishes of the Meteorological Office in London, by whose officers periodical inspections are made.

A daily telegram (including Sundays) at 5 p.m. conveys information to the Meteorological Office, and a similar telegram is also sent after the 9 a.m. observations on weekdays during the period that summer time is in force.

The instruments in use are:—

- 1. Sunshine recorder and electric and indicating cup anemometers at the Grand Hotel.
- 2. Rain gauge, Carlisle Road enclosure.
- 3. Barometer and barograph at the kiosk. Grand Parade.

- 4. Thermometers, maximum, minimum, and wet and dry bulb in screen, earth (1ft. and 4ft.), grass minimum, and thermograph, Carlisle Road enclosure.
- 5. Sea thermometer, the pier.

The readings most interesting to the public, together with a collection of charts, are now exhibited at a kiosk on the sea front near the central bandstand.

A barograph and a thermograph were added in 1925. The station needs a Dines pressure tube to enable a continuous record to be obtained of the direction and force of wind.

We are obliged to the Grand Hotel and Eastbourne Pier Companies for kind permission to use their premises.

The proximity of the sea and the peninsular position of the Borough ensure equability of climate.

### SUNSHINE.

The amount of sunshine in 1933 was 2,049.3 hours, or 389.3 hours more than 1932. The daily average in 1933 was 5.61 hours. The daily average varied from 9.24 hours in June to 1.88 hours in January. Eastbourne was the 9th on the list in 1933 for Great Britain. The daily average from 1st April to 30th September, 1933, inclusive was 7.95 hours.

The annual and winter averages of sunshine for the past 47 years (1887–1933 inclusive) were as follows:—

Annual	Average.	Per cent. of
Daily	Total	possible
hours.	hours.	duration.
4.94	1807.7	40
Averages	for Six Winter	Months.
		Per cent. of
Daily	Total	possible
hours.	hours.	duration.
2.92	532.1	30

Eastbourne is always amongst those near the head of the list for sunshine. The following table gives the number of hours of sunshine and Eastbourne's position in the official list for recent years:—

	Number of	
Year.	hours.	Position in the List.
1920	1783.6	2nd in Great Britain.
1921	2064.8	2nd in Great Britain.
1922	1751.3	7th in Great Britain.
1923	1869.4	Highest in Great Britain.
1924	1778.1	4th in Great Britain.
1925	1898.9	7th in Great Britain.
1926	1659.1	8th in Great Britain.
1927	1698.8	4th in Great Britain.
1928	1991.8	3rd in Great Britain.
1929	2081.3	Highest in Great Britain.
1930	1839.1	2nd in Great Britain.
1931	1670.9	3rd in Great Britain.
1932	1660.0	Highest in Great Britain.
1933	2049.3	9th in Great Britain.

Note.—The highest record for sunshine in the United Kingdom is held by Eastbourne with 2,158 hours registered in 1911.

### TEMPERATURE.

The means of the maximum and minimum temperatures for the year 1933 were 56.2 and 45.4 degrees respectively, giving a mean annual temperature of 50.8 degrees.

The average daily ranges of temperatures throughout the year are very small, which is a very important feature in a health resort. The smallest ranges of temperature are to be found at sea coast towns, but these vary considerably and some border on the large range to be expected at inland towns. The average daily range in 1933 was 10.8 degrees.

The average daily temperatures for the past 46 years (1888–1933 inclusive) were as follows:—

Annı	ial Averages	·		
Mean	ns of			
Max.	Min.	Combined		
55.7	45.4	50.5		
Averages for	Six Winter	Months.		
Mear	ns of			
Max.	Min.	Combined		
49.1	40.0	44.6		

The average daily temperatures (1920–1933 inclusive) for the six winter months are, maximum 49.6 degrees and minimum 40.2 degrees, respectively, giving a very small average range of temperature during these months.

### SEA TEMPERATURE.

The average daily sea temperature at the pier head for the past 46 years (1888–1933 inclusive) was as follows:—

		Average.			Average.
Jan.		42.4	July		62.4
Feb.		41.2	Aug.		63.5
Mar.		42.7	Sept.		61.0
April		46.6	Oct.		55.6
May		52.8	Nov.		49.8
June		58.4	Dec.		45.1
Ü	Yea	ır	51	1.8	

In 1933 the daily average ranged from 65.8 degrees in August to 38.8 degrees in December.

Excellent facilities exist at Eastbourne for sea bathing. It is at Eastbourne and in the vicinity that the highest sea temperatures at places on the British coast are to be found.

### RAINFALL.

The rainfall for 1933 was 23.46 inches, or 7.63 inches below the average of the previous 45 years (1888–1932 inclusive).

Year of lowest fall			1921,	15.79 in	nches.
Year of highest fall			1894,	38.54	,,
Average rainfall, 46 ye	ars, 1888	3–19	33	30.93	, ,
Average rainfall, six	winter	m	onths,		
46 years, 1888–1933				18.18	,,

In 1933 there were 139 "rain days," but in this number days with very small amounts are included, for .008 inch of rain in a day constitutes a "rain day." The number of "rain days" in 1933 with the amounts was as follows:—

Amounts.			Days.
Trace or .004 in	nch	 	31

	Days.
 	 35
 	 69
 	 28
 	 5
 	 2
	139

## RELATIVE HUMIDITY. (Averages (11 years, 1923–33 inclusive).

9 a.m.	5 p.m.	9 p.m.	
83%	80%	86%	
	WINDS.		

In 1933, of the 1,095 total observations, the prevailing winds came from the west with a total of 256 observations, or 24 per cent. The situation of the South Downs protects Eastbourne considerably from these prevailing winds and those from the south-west.

The observations from the north-east and east each totalled 7.31 and 10.14 per cent. respectively. Of these last percentages more than half of each were recorded during the summer months.

### GENERALLY.

Owing to its openness to the south-east, the climate is invigorating and has a tonic effect. Eastbourne is noted for its pure air, abundance of trees, high sunshine records, clean and quickly drying roads and its proximity to the breezy South Downs.

The winter sunshine records of Eastbourne are among the highest in the country and the daily range of temperature small. The average night temperature from December to February is higher than that of the French and Italian Riviera and the daily variation of temperature is less.

The dry soil, sunshine and bracing air are especially favourable for delicate children and, generally, for anaemia and convalescence after illness or operation. For a "change of air" it is a particularly favourable health resort, especially

for those whose health for any reason requires invigorating. In such cases the natural advantages, combined with the many opportunities for amusement and healthy forms of exercise, make it a health-giving centre.

### POPULATION.

The enumerated population at the 1931 census was 57,435; the children in the residential schools were absent at the time of the taking of the census.

There were 23,423 males and 34,012 females, practically two-fifths of the former and three-fifths of the latter.

In my last report I set out details as to the ages of the population. In the last forty years the population has become a more aged one, due to decrease in the birth-rate and greater longevity.

In 1891, 10% of the population was under five years of age; in 1931, only 5.8%. At the other extreme, viz., over sixty-five years, the proportion has gone up from 4.24% to 11.2%.

Children of school age have decreased in number from 21.2% to 12.2% of the total population.

As the resident population decreased in the inter-census period, in the Registrar-General's figures this decrease is assumed to continue, and the mid-1933 figure is given by him as 56,550 resident persons. From the increase in the number of houses and the continuing division of larger houses into flats, I think the decrease is not continuing, and as the residential school children are really for statistical purposes "inhabitants," I consider the population of the Borough is nearer 58,000. The vital statistics are, however, calculated on the Registrar-General's figure of 56,550.

At the census enumeration in April, 1931, there were 4,270 persons enumerated who were non-residents and 2,353 residents of Eastbourne were enumerated elsewhere in England and Wales.

Of the population, 84.3% were in private dwellings, 12.2% in hotels, boarding houses and lodging houses, 1.9% in institutions for the temporarily sick, 0.9% in educational institutions and 0.6% in poor law institutions.

In comparing the population of Eastbourne at the 1921 and 1931 enumerations, with that of other health resorts, it must be remembered that many of them extended their boundaries during the ten years and included populations formerly outside their areas.

In the ten years 1923-1932 inclusive there were 193 more births than deaths. Any alteration in population is due practically therefore to the relation of immigration to emigration.

In 1933 there were 101 more deaths than births.

The chief occupations of the inhabitants were, at the census of 1921, in order:—For Males: Commercial, transport, personal service, clerks, metal workers, professional, wood workers, agricultural and building. For Females: Personal service, professional, commercial, clerks and makers of textiles. The corresponding figures for 1931 are not available, but are probably proportionately similar.

No one occupation had apparently any particular influence on the public health during 1933.

### RATEABLE VALUE.

The rateable value of the Borough in 1933 was £834,081, and the sum represented by a penny rate £3,260.

### VITAL STATISTICS.

I submit the summary table required by the Ministry as follows:—

	EXT	RACTS FE	ROM VI	TAL S	TATISTI	CS.	
					Total.	Male.	Female.
Live Bir	ths—Leg	itimate			603	303	300
	· Ille	gitimate		• •	37	18	19
Birth-	rate per 1	1,000 of t	he esti	mated			
resid	dent pop	ulation,	11.2.				
Still Birt	ths				27	11	16
Rate 1	per 1,000	total (li	ve and	l still)			
birt	hs, 40.4.						
Deaths .					741	321	420
Death	-rate per	1,000 of	the est	imated	1		
resid	dent pop	ulation,	13.2.				
	rom pue			(Head	dings 29	and 30	of the
	istrar-Ge				Ü		
					Ra	te per 1,0	000 Total
No. 29.	Duornor	al capaia					ll) Births
	-	al sepsis			1	1.	3
No. 30.	Otner p	uerperal	causes	S	0	0	
	T . / . 1				_		_
	Total	• •		• •	1	1.	.5
Dooth		1			_	_	_
	ate of inf			~	0		=0
	infants p						
	itimate ii	-		~			
,	gitimate i	_		~		births.	
Deaths f	from mea	sles (all	ages).				. 0
Deaths f	from who	oping co	ough (a	ll ages	s) .		. 1
Deaths f	from diar	rhoea (u	nder t	wo yea	ars of ag	ge) .	. 0
		MA	ARRIA	GES.			
The	ere were	434 ma	rriage	s regio	stered	in 1939	R This

There were 434 marriages registered in 1933. This is a marriage rate of 15.3 per 1,000. In 1932 there were 468 marriages and 404 in 1931.

The average pre-war rate was 13.1 per 1,000. The highest recorded rate was 21.2 in the year 1915, and the lowest 11.32 in 1895.

### BIRTHS.

The births registered in Eastbourne in 1933 numbered 706, males 358 and females 348. To these must be added 10 births where the mothers were temporarily out of Eastbourne at the time of birth, and on the other hand 76 must be deducted of cases where the mothers were temporary residents only. Sixty-six births have therefore to be deducted from the total of 706, leaving 640 (321 males and 319 females) as the nett number of births, or a decrease of 61 as compared with the previous year, and a decrease of 11 on the figures for 1931.

The births in recent years have been as follows:

Ten years	, 1895–	-1904	 aver	age	916
Ten years	, 1905-	-1914	 aver	age	879
Ten years	, 1915–	1924	 aver	age	742
1925			 		661
1926			 		727
1927			 		655
1928			 		726
1929			 		643
1930			 		667
1931			 		651
1932			 		701

There were 101 more deaths than births in 1933.

In 1932 there were 37 more deaths than births. In 1925 for the first time there were more deaths than births, viz., five. In 1920 there were 456 more births than deaths. In the year 1920 there were 993 births.

The birth-rate calculated on the estimate of the population as 56,550 was 11.2 per 1,000.

In recent years the highest birth-rate was 21.8, in 1915, and the lowest 11.3, in 1930.

The England and Wales birth-rate for 1933 was 14.4 per 1,000.

Of the 640 births, 37 were illegitimate, or 1 in 17.3. Eighteen of these infants were males and 19 females. The highest proportion was in 1918, when 1 in 7.8 were illegitimate.

### NOTIFICATION OF BIRTHS ACT.

Of the total births registered during 1933, all except 25 were at once notified to the Medical Officer of Health; enquiries showed that the omissions were accidental in the cases not notified.

Seven hundred and twenty-four births were notified during the year, 577 being notified by midwives and 147 by parents and doctors; 17 still births were notified.

### DEATHS.

There were 805 deaths registered in Eastbourne in 1933. Of these, 111 were deaths of non-residents. Eastbourne residents to the number of 47 died elsewhere during the year. Including the latter and excluding deaths of non-residents, the nett deaths were as follows:—Males, 321; females, 420; total, 741.

The death-rate for 1933 was 13.27 per 1,000 on an estimated population of 56,550.

The death-rates of previous years were :-

1895-1904			 average	11.74	per	1000
1905-1914			 average	10.58	per	1000
1915-1918	(war	years)	 average	12.56	per	1000
1919-1928			 average	10.97	per	1000
1929			 	13.55	per	1000
1930			 	11.3	per	1000
1931			 	12.83	per	1000
1932			 	12.00	per	1000

The total death-rate of England and Wales in 1933 was 12.3 per 1,000.

As the population has become an older one with a small proportion of young persons, the death-rate has naturally increased.

### SEX MORTALITY.

The 741 deaths of 1933 were divided as follows:—

		Deaths.	Death-rate.
Males	 	321	14.0 per 1,000
Females	 	420	12.3 per 1,000

Pulmonary tuberculosis caused many more deaths in males, taking into account the larger number of females in the population. Death following premature birth occurred oftener in females.

There was no marked excess of either sex in any other particular cause of death.

### AGE MORTALITY

The deaths in the various age groups were as follows:—

		Persons.
Under 1	 	 32
15	 	 12
5—15	 	 4
15—25	 	 19
2565	 	 245
Over 65	 	 429

### DEATHS OF NON RESIDENTS.

These numbered 111; males, 53; females, 58. The principal causes of death were:—

Tuberculosis		 5
Cancer		 20
Accidents and su	iicide	 7
Heart diseases		 22
Apoplexy		 8

### DEATHS IN INSTITUTIONS.

20 201112110 11: 11:01				
			Non-	
	Res	sidents.	Residents.	Total.
Isolation Hospital		4	1	5
Princess Alice Memorial Hospital		49	31	80
St. Mary's Hospital		200	21	221
Leaf Hospital		4	2	6
Gildredge Hospital (Tuberculosis)		18		18
9 Upperton Road (Maternity				
Infants' Home)		4	_	4
All Saints' Convalescent Hospital			1	1
Ear, Nose and Throat Hospital		2	1	3
Queen Alexandra Cottage Homes		3		3
Total		284	57	341
Total		284	57	34

# DEATHS OF EASTBOURNE PERSONS IN INSTITUTIONS OUTSIDE THE BOROUGH.

Brighton C.B. Mental Hospital	 	17
East Sussex County Mental Hospital	 	4
Charing Cross Hospital, London	 	1
Royal Hospital for Incurables, London	 	1
University College Hospital, London	 	1
Cancer Hospital, London	 	1
London Hospital, London	 	1
Westminster Hospital, London	 	1
All Saints' Hospital, Southwark	 	1
St. Mary's Hospital, Paddington	 	1
General Hospital, Harrogate	 	1
West Kent General Hospital, Maidstone	 	1
Royal Naval Hospital, Haslar	 	1
St. Joseph's Hospice, Hackney	 	1
St. Colomba's Hospital, Hampstead	 	1
Hospital of St. John and Elizabeth, London	 	1
Total	 	35

### Causes of Death of Eastbourne Persons in 1933.

A table in this section shows the principal causes of death in 1933 at various ages. Those diseases, etc., causing most deaths were as follows:—

			Number
Heart diseases .		 	186
Apoplexy		 	106
Cancer		 	114
Males		 	51
Females		 	63
Tuberculosis (all form	ns)	 	41
Pulmonary .		 	35
Non-pulmonary.		 	6
Respiratory diseases.		 	74
Bronchitis .		 	23
Pneumonia (all fo	orms)	 	45
Urinary diseases .		 	40
Violence		 	20

Of the 741 deaths, heart diseases caused about 1 in every 4; cancer, 1 in  $6\frac{1}{2}$ ; respiratory diseases, 1 in 10; apoplexy, 1 in 7; tuberculosis, 1 in 18. Of the 20 deaths from violence, 12 were from accidents and 8 were suicidal.

The deaths from cancer were of persons over 55 years of age, except in 17 cases. One occurred at an early age, and the largest age group of these deaths was that from 65 to 75 years.

### DEATHS FROM ZYMOTIC DISEASES.

These diseases caused 4.8 per cent. of the total deaths. The 2.8 per cent. of 1923 was the lowest recorded. In 1889 the percentage was as high as 24.

The 36 deaths were caused by the following diseases:—

Whooping cough	1	Enteric fever	 1
Diphtheria	2	Septic diseases	 5
Influenza	24	Erysipelas	 2
Encephalitis	1		

### INQUESTS.

Coroners' inquests were held on 27 deaths.

### MATERNAL MORTALITY.

Full particulars were obtained and forwarded to the Ministry on the special form for the purpose.

# REGISTRAR-GENERAL'S TABLE OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF EASTBOURNE, 1933.

THE RESERVE AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRES		1.11							,				
Causes of Death.	Sex.	All Ages.	0-	ı—	2—	5—	15-	25—	35—	45—	55—	65—	75—
All Causes	M	320	14	4	2	3	IO	13	15	29	62	75	93
	F	421	18	4	2	I	9	8	17	41	60	104	157
. Tunhoid and name	M	2	_	_	_		2	_	_	_	_	_	_
<ol> <li>Typhoid and paratyphoid fevers.</li> </ol>	F	_	_	_	_	_	_	_	_	_	_	_	_
2. Measles	M	_	_	_	_	_	_	_	_	_	_	_	_
2. Measles	F	_	_	_	_	_	_	_		_	_	_	_
a Scarlet Fever	M	_	_	_	_	_	_	_	_	_	_	_	_
3. Scarlet Fever	F	_		_	_	_	_	_	_	_	_	_	_
. Whosping cough	M	_	_	_	_	_	_	_	_	_	_		_
4. Whooping cough	F	I	I	_	_	_		_	<u> </u>	_	_	_	_
Dishthasia	M	I		_	_	I	_	_	_	_	_	_	_
5. Diphtheria	F	ı	_	_	_	I	_	_	_	_	_	_	_
6 I-d	M	14	_	I	_	_	I	_	I	3	ī	5	2
6. Influenza	F	15	_	_	_	_	τ	_	_	3	I	2	8
. 17	M	_	_	_	_	_	_	_	_		_	_	_
7. Encephalitis lethargica	F	I	_	_	_		ı	_	_	_	_	_	_
0.0.1	M	_	_	_	_	_	_	_	_	_	_	_	
8. Cerebro-spinal fever	F	_	_	_	_	_	_	_	_	_	_	_	_
	М	22	_	_	_	_		5	6	8	I	I	ı
9. Tuberculosis of respiratory system.	F	14	_	_	_	_	3	4	5	2	_	_	_
	M	3	_		I	_	I	_	I	_	_		_
to. Other tuberculous diseases.	F	2	2	_	_	_	_	_	_		_	_	_
	М	ı	_	_	_		_	_	_		I	_	
II. Syphilis	F	_	_	_	_	_	_	_	_		_	_	_
	M	I	_	_	_	_	_	_			_	_	I
12. General paralysis of the insane, tabes dorsali	s F	_		_	_	_			_	_	_	_	
	M	51	_	_	I		_	I	_	3	13	21	12
13. Cancer, malignant disease.	F	67	_		_	_	I	_	_	16	19	15	16
	M	6		_	_	_		_	_	I		I	4
14. Diabetes	F	9	_	_	_	_	_	_		I	2	2	4
	M	26	_		_	_	_	_	I	2	4	8	II
15. Cerebral haemorrhage	F	39	_	_	_	_	_	_	I	3	4	15	16
	M	87	_	_	_	_			I	8	20	22	36
16. Heart disease	F	126	_	_	_	_	_	I	I	3	17	39	65
	M	3		_	_	_	_	_	_	I	τ		I
17. Aneurysm	F	I	_	_	_	_	_	_		_	I	_	_
													-

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### CAUSES OF DEATH—continued.

			All								-	-		
	Causes of Death.	Sex.	Ages.	0-	1—	2—	5—	15-	25—	35—	45—	55—	65—	75—
18.	Other circulatory	M	9	_	—			_	_	I	I	2	3	2
	diseases.	F	16	_	_	_		_	_	—	_	3	4	9
TO	Bronchitis	М	8	_	_	_	_	_	I	_	_	2	3	3
-9.	Diolicarus	F	6	_	_	_	_	_	_	_	_	_	I	5
20	Pneumonia (all forms)	M	13	3	I	_	_	I	I	I		3	I	2
20.	- neumoma (an iorms)	F	27	4	I	I	_	I	2	4	3	2	3	6
27	Other respiratory	М	2	_	_	_	_	_	I	_	_		_	I
41.	diseases.	$\Gamma_{i}$	2	I	_	_	_	_		_	_		materia	I
22	Dantia ulcar	M	3	_	_	_	_	_	_	_	_	I	I	I
22.	Peptic ulcer	F	_	_	_	_	_	_	_	_		_	_	_
	Diambasa	М	_	_	_	_	_	_	_	_	_		_	_
23.	Diarrhoea, etc	F	_	_	_	_	_	_	_	_	_	_		_
-		М	2	_	_	_		1	_		_	I	_	_
24.	Appendicitis	F	2	,	_	_	_	_	_	_	I	_	I	_
		М	2				_	_	_	_		2		_
25.	Cirrhosis of liver	F	2	_	_	_	_		_	_	_	I		I
		M		_	_	_								
26.	Other diseases of liver, etc	F	I	_	_		_	_	_	_	_	I		_
		М	II	2	_	_	I	1	_	1	1	I	1	3
27.	Other digestive diseases.	F	6		I	_	_	_	_	_	I	2	I	I
_		М	8		_	_	_	I	_		_	ı	3	3
28.	Acute and chronic nephritis.	F	20	_	I	_		_		2	I	I	7	8
29.	Puerperal sepsis	F	I	_	_	_	_	_	I	_	_	_	_	_
30.	Other puerperal causes	F	_	_	_	_		_	_	_	_	_	_	_
31.	Congenital debility,	M	7	7	_	_	_	_	_	_	_	_	_	_
	premature birth, malformations, etc.	F	10	10		_	_	_	_	_			_	
_	0 "	M	3	_	_	_	_	_	_	_	_		ĭ	2
32.	Senility	F	8	_	_	_	_	_	_	_	_	I	_	7
		M	5	_	_	_		_	_	I	I	3	_	_
33-	Suicide	F	3	_	_	_	_	_	_	_	2	I	_	_
		М	9	I	_		_	_	I	I	_	I	2	3
34	Other violence	F	7	_	_	_	_	_	_	_	I		4	2
-		M	19	I	I	_	I	2	3		_	4	3	4
35	Other defined diseases	F	34	_	I	1	_	2	_	4	4	4	10	S
_		М	2		ı	_	_	_		_	_	_		1
36.	Causes ill-defined, or unknown.	F	_	_	_	_	_	_	_	_	_	_	_	_

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### DEATHS FROM CANCER.

				AGE	GROUI	PS.	;		
Year.	Popula- tion.	0-1	1-5	5–15	15–25	25–65	65 & over.	Total Deaths.	Death-rate per 1,000.
1894 1895 1896 1897 1898 1899 1900 1901 1902 1903	40,694 42,000 43,500 44,500 45,500 47,000 49,000 43,500 44,250 45,000	-	- - - 1 - - -	- - 1 - - 1 1	1 1 - - 1 - 1	23 20 24 10 14 17 12 27 24 27	12 16 11 7 7 7 14 10 13 12 24	36 37 35 17 23 32 22 40 38 52	0.87 0.88 0.80 0.38 0.50 0.68 0.44 0.91 0.87 1.15
Total	_	-	1	3	4	198	126	332	_
1904 1905 1906 1907 1908 1909 1910 1911 1912 1913	45,750 46,500 49,000 50,500 51,500 52,000 52,500 52,544 53,500 54,000	1	- - - - - - 1	- - - 1 - - 1	1 - 1 - 1 - - -	** 29 25 32 20 28 38 27 35 35	** 21 25 20 27 20 24 32 28 21	54 51 50 53 48 50 62 59 64 67	1. 18 1. 09 1. 02 1. 06 0. 93 0. 96 1. 18 1. 12 1. 19 1. 24
Total		1	1	2	3	***	***	558	
1914 1915 1916 1917 1918 1919 1920 1921 1922 1923	54,500 47,125 49,976 44,842 49,682 50,442 50,354 53,600 53,700 53,900		- - - - - 1	- - - - - - - - - - - - - - - - - - -	- - - - - - 1 2	35 34 ** 33 26 36 26 50 44 37	34 17 ** 27 21 26 50 50 41 33	69 51 65 60 47 62 76 101 88 70	1.26 1.08 1.30 1.33 0.94 1.22 1.50 1.88 1.63 1.29
Total		_	1	_	3	**	**	689	
1924 1925 1926 1927 1928 1929 1930 1931 1932 1933	54.830 55,060 56,060 57,000 58,500 58,570 59,000 55,710 57,500 56,550		- 1 - - - - - -		1 1 - 1 - - - 2	37 38 45 50 45 48 41 49 45 49	44 54 61 59 53 59 63 69 78 65	82 94 105 110 98 108 104 118 125 114	1.49 1.70 1.80 1.90 1.67 1.84 1.50 2.11 2.17 2.0

### INFANTILE MORTALITY.

The nett number of deaths of infants, that is of children under one year of age, was 32 (males, 14; females, 18).

Infantile mortality is calculated on the number of births in the same period, and for 1933 was at the rate of 50 per 1,000 births.

Sixteen of the deaths were from prematurity and allied causes, and 15 within 4 weeks of birth.

The following table compares this mortality with those of the previous ten years:—

Year.	Deaths.	Mo	rtality Rate.
1922	 33		44.9
1923	 28		38.94
1924	 39		58.5
1925	 30		45.38
1926	 31		42.64
1927	 29		44.27
1928	 31		42.69
1929	 34		52.87
1930	 27		40.47
1931	 24		36.8
Average of 10 years	 30.6		44.74
1932	 31		44.2

In the closing years of the last century, 1898, 1899 and 1900, the mortality rates were 139, 145 and 121 respectively.

The subjoined table shows the causes of death and the age at death of the infants who died.

Six illegitimate children died. The comparative mortality rates of these and of legitimate children are as follows:—

Legitimate infants mortality rate, 43 per 1,000 births. Illegitimate infants mortality rate, 162 per 1,000 births.

The figures are too small for reliance to be placed on comparative death-rates. In recent years the illegitimate infantile mortality has been low.

Throughout England and Wales the illegitimate rate is about double the legitimate, but the difference has not been as a rule so marked in Eastbourne, in spite of the low total rate.

The infant mortality rate for England and Wales in 1933 was 64 per 1,000 births, or 14 per 1,000 births more than that of Eastbourne.

The steps taken to prevent infant mortality are detailed in the Maternity and Child Welfare section of this report.

I have included in this report a table showing the causes of deaths of infants for the past 40 years. The table is arranged in 10-year periods to show the directions in which reduction in infantile mortality has occurred.

AGES AT DEATH OF INFANTS.

9-11 mths.	#       -         -	9
6-8 mths.	-   -         -           -	7
3-5 mths.		¢1
1-3 mths.		ıo
Under 1 mth.	0 01             -   -	15
34 weeks.	64	21
2–3 weeks.	- -	2
1-2 weeks.	-       -	2
Under 1 wk.		6
Total.	- ∞ ∞ ∞ ∞ 0 -	32
Causes of Death.	Laryngeal Obstruction Premature Birth Congenital Defects Debility from Birth Pneumonia and Bronchitis Atelectasis Haemorrhage Miliary Tuberculosis Gastro-Enteritis Tubercular Meningitis Whooping Cough Meningitis Intracranial Haemorrhage Intestinal Obstruction III Defined	Total

### INFANTILE DEATHS, 1894-1933.

			Ann'l Av. for Ten	Ann'l Av. for Ten					Yea	ars.				
			Years		- T	10	.0	7	00	0	0 .		61	3
Diseases.		1894-	1904-	1914-	1924	1925	1926	1927	1928	1929	930	1931	1932	1933
		1903	1913	1923	22	=	-	-	-	-			-+	_
Measles		2.0	0.9	0.4	_	_	1	_	1	- 1	_	1	-	- 1
		4.3	2.0	2.0	1	-	1	3	-	2	2	-	1	1
Chicken Pox		_	0.2		- "	_	-	- 1	-	$\frac{-}{2}$	_		2	1
Diarrbœa—Enteritis and Gastro Enteri	tis	24.7	11.2	5.0		1 9	6	6	7	6	8	8	10	8
Premature Birth		19.2	17.5	11.8	20 4	2	1	2	10	3	6	1	5	3
Congenius 2 contra		2.8	5.0	2.9 8.0	2	8	3	8	2	5	ĭ	2	2	3
Dobine,		8.8 1.8	7.8 1.0	0.6	-	_	2	_	1	1	1	- 1	-	1
1 ubcicular members		4.5	2.0	0.9	_	- 1	_	_	-	-	-	-	- 1	-
		0.5	2.0	0.5	_	- 0	_	_		-	-	-	-	_
Date and a second		6.2	1.8	1.8	1	1	_	1	2	1	-	3	1	-
CONTRACTOR		8.9	5.3	2.9	1	1	4	2		-	1	_	- 1	_
Bronchitis Broncho-Pneumonia—Other Respirator		3.7	6.4	4.3	4	3	2	2	3	10	1	3	5	6
		1.1	_	0.1	_	- 1	-	-	-		-	- )	1	_
		3.9	0.6	1.3	-	-	2	-	-	- 1	1	-	- 1	_
		1.4	0.2	0.2	1	-	- 1	3	1	1	1	-	-	
		1.1	0.6	0.7	-	1	-	-	-	-	-	- 1	_	_
		-	_	0.1	-	-	-	- 1	4	$\frac{-}{2}$	_ /	1	2	
		<u> </u>	0.1	0.5	-	-	1	-	-	2	_	1	-	_
and the second		<b>—</b>	-	0.1	-	- 4	ī	-	_	- 1	_		_	_
		<u> </u>	<u> </u>	0.2	_	-	_ 1	_					- 1	_
Eczema				0.2		- 1	_		_		1	1	1	_
Suffocation		1.0	0.5	0.5	_	- 1	-		_			1	_	_
Death during Operation				0.1	_	- 1	_	2		1	_	_	_	_
Innuciate		1.4	0.1	1.3	$\frac{1}{2}$		1		-	_	1	_		1
Atelectasis		1.0	0.3	0.1	-		-	_ '	-	_	1	3	-	1
Meningitis—Inflammation of Brain	• • • • • • • • • • • • • • • • • • • •	2.3 0.7	1.3	0.1	_	-	_		_ 1	wer	-	-	- 1	-
Other Diseases—Nervous System	• • • • • • • • • • • • • • • • • • • •	0.7		0.3	_	_	_		-	-	- 1	-		2
Intestinal Obstruction	• • • • • • • • • • • • • • • • • • • •	_		0.1	2	- 1	_ }	_	- 1	-	-	-	-	-
Diseases of Lymphatic System	• • • • • • • • • • • • • • • • • • • •	1.7	0.7	1.1	_	2	_	-		- '	- '	-	-	1
Ill Defined—Not Certified	• • • • • • • • • • • • • • • • • • • •	1.7	<del>  0.7</del>	0.2	-	- 1	- !		-	1	-	-	-	_
Liver Diseases Found Dead			l _	0.2	·	-	-	- 1	-		-	-	- ,	-
	· · · · · · · · · · · · · · · · · · ·	1 _	l —	0.1	-	-	-		- "	- 1	5 T M	-	- 1	-
Ear Disease Nephritis—Brights Disease		0.5		_	_	-	-	-	-		1	- )	1	-
Abscesses		_	_	0.1	-	-	- '	-			-	- 1)	-	_
Purpura		0.3	-	0.1	-	-	-	-	- 1	-	- 1	- 0	- 1	1
Hæmorrbage from Bowels		0.1	-	0.1	-	-	-	-	- 1		- 1	1	-	
Murder—Manslaughter		I —		0.1	-	- 1	- /	- 1	-		-	1		
Erysipelas		0.2	0.5	0.1	-	-	- 0	- )	- 1		_	_ :		_
Want of Breast Milk-Starvation			0.5	_	-	-	-	7	- 7		_		_	_
Laryngitis			0.1	-	_	-	1					_	_	_
Other Septic Diseases			0.1	_	1	1	1	V	_		_	_	_	-
Rickets			-		_		1	_	_	_	1	_	_	1
Other Constitutional Diseases		0.8	10.0	2.8	_	1	1	_	_	_		_	_	2
Other Causes	••	2.7	12.6							2.1	07	24	31	32
Total Deaths		108.5	79.3	52.3	39	30	31	29	31	34	27			50
Infantile Mortality Rate		. 118.2	96.6	68.8	58.5	45.38			42.69		40.47		44.2	
Total Births		917.3	891.3	759.8	666	661	727	655	726	643	667	651	701	640



CAUSES OF AND AGES AT DEATH DURING 1933. (Nett Deaths).

1	( vi			1
Deaths at the subjoined ages of "Residents," whether occurring in or beyond the district.	65 and upwards.		124	429
	25 and under 65.		133	245
	15 and under 25.	2       3	9	19
	5 and under 15.	62	3	4
	1 and under 5.		7 10	12
	Under 1 year.	1	21	32
Deatl	All ages.	2	297	741
		: : : : : : : : : : : : : : : : : : : :	:	
		 sis)   	•	
Causes of Death.		Diphtheria Scarlet Fever Measles Whooping Cough Epidemic Influenza Diarrhœa and Enteritis Enteric Fever Pherperal Fever Phthisis (Pulmonary Tuberculosis) Other Tubercular Disease Cancer, Malignant Disease Bronchitis Pheumonia Rheumatism Alcoholism, Cirrhosis of Liver Premature Birth and Congenital D Accidents Suicides	Total of above	All causes

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

### HOSPITALS PROVIDED BY THE AUTHORITY.

- 1. General.—St. Mary's Hospital, formerly the Poor Law Infirmary, was transferred to the Council on April 1st, 1930. The hospital is under the care of the Public Assistance Committee. There are 217 beds: for males, 50; for females, 102; for maternity cases, 7; for children, 41; and for generally infirm persons, 17. There are also 6 cots in the maternity ward. A summary of this hospital's work in 1933 will be found in the report.
- 2. Fever.—The Municipal Fever Hospital situated at the west end of the Borough in East Dean Road, at the end of the slope of the downs, has 62 beds in seven blocks. It is supported mainly by the Council, but there are fees to the extent of about one-eighth of the expense.
- 3. SMALL-Pox.—The Small-Pox Hospital of 18 beds in three wards is situated on the Crumbles near the sea and just outside the Borough in the parish of Westham. It is supported entirely by the Council, except for a small retaining fee of five guineas annually for the right to send patients there by the Eastbourne Rural District Council, and of ten guineas by the Hailsham R.D.C., with weekly charges if cases are sent there.
- 4. Tuberculosis.—The Gildredge Hospital situated within the Borough and at the foot of the Downs. There are 24 beds in bungalows of two beds each; 12 are for men and 12 for women. Occasional payments are obtained.
- 5. MATERNITY.—The Municipal Maternity Home of 16 beds is situated at 9 Upperton Road, in the middle of the Borough. It is supported by the Council with the aid of fees.

At the same institution at 9 Upperton Road infants are occasionally admitted, but it has ceased to be also a hospital for infants. The addition of 21 beds for children at St. Mary's Hospital compensates for this.

The Council pays £1. 7s. 6d. per case to the Ear, Nose and Throat Hospital for children operated on for tonsils and adenoids, and occasionally for similar cases at the Leaf Homoeopathic Hospital.

There is an institution for unmarried mothers and illegitimate infants. It is also a maternity home for such cases. The Council provides part payment for not more than five of the inmates from the district.

# HOSPITALS NOT PROVIDED BY THE LOCAL AUTHORITY.

	No. of Beds.
Princess Alice Memorial Hospital	 116
Leaf Homoeopathic Hospital	 16
Royal Eye Hospital	 14
Ear, Nose and Throat Hospital	 20

At the Princess Alice Memorial Hospital in 1931, 26 new beds for children were opened in place of the old ward of 12 beds, making an increase of 14 children's beds. In 1932 the number of men's beds was increased by six.

The Leaf Hospital is being re-built on another site and, when complete, will provide nine more beds.

Ambulance Facilities.—For infectious cases a motor ambulance is provided. For other cases there is a motor ambulance managed by the police, and one by the local St. John Ambulance Division.

### CLINICS AND TREATMENT CENTRES, 1933.

- 1. Maternity and Child Welfare—
  - (a) Town Hall.—Doctor's, nurses' and waiting rooms.
  - (b) Acacia Villa, Seaside.—Doctor's and waiting rooms.
  - (c) Maternity Home.—Doctor's, nurses', changing and waiting rooms.
  - (d) Hampden Park Hall.—Doctor's and waiting rooms.
- 2. School Clinics.—General, Ophthalmic, Ear, Minor Ailments, Dental and Orthopaedic—
  - (a) Town Hall.
  - (b) Acacia Villa.

- (c) Hampden Park Hall.

  The same rooms are used as for maternity and child welfare at different times.
- (d) Ear, Nose and Throat Hospital. Tonsil and adenoid operations.
- (e) Latimer Road.—Orthopaedic Clinic. Arrangements for orthopaedic and light treatment and for massage.
- (f) The children at the Open-Air School are dealt with there.

### 3. Tuberculosis Clinic—

At the Town Hall.—Doctor's, changing and waiting rooms.

### 4. Venereal Diseases Clinic—

A building for this purpose only, at the Town Hall.— Doctor's, nurses', changing, waiting and irrigation rooms.

All these clinics are provided by the Local Authority except that for the accommodation for tonsil and adenoid operations which are paid for by the Authority. This clinic with bed for at least one night is provided by the Ear, Nose and Throat Hospital.

The Central Clinic premises at the Town Hall are unsatisfactory, and a new building in St. Leonards Road is being erected to house the clinics.

## PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

A list of the Public Health Officers is set out at the commencement of this report.

The medical officers and the nurses are also officers of the school medical service, otherwise full-time officers.

The names and qualifications are given in the list of officers.

As so much of the meat of Eastbourne is slaughtered in the surrounding rural district, an arrangement was made and commenced to be operative on December 3rd, 1928, whereby the Eastbourne Council pays £100 per annum

towards the salary of a meat inspector appointed by the Rural District Authority. This has been re-confirmed on the appointment of another inspector.

The nominal appointment, unpaid, of an Assistant Sanitary Inspector, which was made in August, 1923, to enable the local Inspector of the R.S.P.C.A. to enter slaughterhouses to see the methods of killing used, continues.

The Local Authority has six female Health Visitors, whose duties are as follows:—One Superintendent, who is Inspector of Midwives and attends at clinics; four have a district each for maternity and child welfare work, and for school medical work, and also assist at clinics. The sixth is especially a Tuberculosis Visitor and attends the tuberculosis clinics, her remaining time being spent at school medical work.

The Municipal Midwife is attached to and resident at the Maternity Home. There is no subsidy for any other midwife.

MIDWIVES.—The number of midwives who notified their intention to practice during 1933 was 25. The Local Authority employed 7 in the Maternity Home and 1 in external practice and 8 in St. Mary's Hospital. Two were in private nursing homes, 1 at the Bell Hostel and 6 in general practice.

# HOME NURSING.

Home nursing is carried out by voluntary associations, and particularly by the nurses of the parish churches. Payments are made to the following of these by the Local Authority:—Fifteen guineas annually to the Hampden Park District Nursing Association, £50 to the Christ Church Nursing Association and £30 to the All Souls' Nursing Association.

The local associations kindly co-operate with the staff of the Authority when necessary.

The only general nursing in the home is provided by the churches. The co-ordination with the Authority is only that of friendly exchange of information if occasion arises.

#### CHEMICAL WORK.

The Public Analyst carries out this work, except for a weekly partial analysis of water by the Medical Officer of Health. Details are given on page 58.

# REGISTRATION OF NURSING HOMES.

VISITING OFFICER: THE MEDICAL OFFICER OF	HEAL	TH.
No. of applications for registration during 1933		1
Total number of homes registered		1
No. of orders refusing or cancelling registration		
No. of appeals against such orders		
No. of appeals confirmed or disallowed		
No. of applications for exemption from registration	٠.	***************************************
No. of these withdrawn or refused		
No. of these granted		
Total number of homes on the register, Dec. 31st, 19	33	23

# MUNICIPAL CLEANSING STATION.

One bath and disinfector is provided. It was used for 6 persons during 1933, all being children.

# PROVISION FOR PERSONS WHOSE HOUSES WERE BEING DISINFECTED.

Rooms are provided for this purpose at Acacia Villa Seaside.

## THE LOCAL ACTS AND ADOPTIVE ACTS

in force in the district are as follows:-

Eastbourne Improvement Acts, 1879 and 1885.

Eastbourne Corporation Acts, 1902, 1911 and 1926.

#### ADOPTED ACTS.

Baths and Wash-houses Acts, 1846 to 1889.

Infectious Disease (Notification) Act, 1889.

Infectious Disease (Prevention) Act, 1890, sections 1 to 4, 6, 7, 9, 12 to 16, and 18 to 24.

Public Health Acts Amendment Act, 1890, Parts I., II., III., IV. and V.

Public Libraries Act, 1892.

Notification of Births Act, 1907.

\*Public Health Acts Amendment Act, 1907, sections 17, 21, 22, 27 (temporary buildings for territorial force excepted), 28 and 33 of Part II., sections 35 (subject to first proviso of S. 91 of Public Health Act, 1875), 36, 37 and 46 of Part III., sections 52, 54, 55, 57, 58, 59 (except as to libraries outside the district), 60, 62, 63, 64, 65 and 68 of Part IV., Part V., Part VI., sec. 81, 85 and 86, of Part VII., Part IX., and sec. 92, 93, 94 and 95 of Part X.

The Health Resorts and Watering Places Act, 1921. Public Health Act, 1925, secs. 13, 15 to 19, 21 to 26, 28 to 33, 35, 36 and 38 to 55.

These are for the most part administered by the Sanitary Authority through the Public Health Department.

## GENERAL.

The amount of relief expended by the Council from April 1st, 1933, to March 31st, 1934, was £16,765 2s. 2d; Poor Relief and Public Assistance, £14,581 15s. 0d.; Unemployment Relief, £2,183 7s. 2d.

The arrangements made for relief were adequate.

<sup>\*</sup> The following provisions of the Eastbourne Improvement Act, 1885, are repealed by the Order applying this Act, viz.:—Sect. 90 and Sect. 92 so far as the latter relates to any purpose of the Public Health Acts Amendment Act, 1907.

HOSPITALS—HOSPITALS WITHIN THE BOROUGH.

	Situation. Carew Road, Eastbourne.	Purpose.  (a) Medical.  (b) Surgical.  (c) Children.	Beds.  Male. male. dren  4	Fe- male. 44 e bed le or fe	Children.	Used by Eastbourne and Surrounding District.	ď	Medical Staff.  2 Res. Med. Officers 12 Vis. Med. Attd's. 2 Visiting Dental Surgeons.	Consulting Staff. 6 Consultants (including 1 Dental Consultant).	Nursing Staff. 1 Matron. 8 Sisters. 7 Staff Nurses. 30 Prob. Nurses.
	Marine Road, Easthourne.	<ul><li>(a) Medical.</li><li>(b) Surgical.</li><li>(c) Children.</li></ul>	9	7	m	Eastbourne and surrounding District.	Leaf Hospital Voluntary Committee.	3 Medical Attendants.	3 Consultants	I Matron. I Sister. 4 Nurses.
	Church Street, Eastbourne.	(a) Medical (b) Surgical (c) Children (d) Chron. Sick. (e) Maternity.	50	102	14	Easthourne. 12 Eds reserved for East Sussex County Council.	Borough Council	1 Medical Officer.	as required.	I Supt. Nurse. I Home Sister. Io Night Sisters. I MassElec. Sis. 5 Sisters. 7 Staff Nurses. 30 Prob. Nurses.
	East Dean Road, Eastbourne.	Infectious Ilfnesses.		62		Easthourne.	Borough Council Committee.	Medical Officer of Health (Non-Resident).	As required,	I Matron. I Sister. I Charge Nurse. 6 Asst. Nurses.
	Langney, East-bourne R.D.	Small-Pox.	ļ. 1	>81	1	Eastbourne. Eastbourne R.D. Hailsham R.D.	Borough Council Committee,	Medical Officer of Health (Non-Resident).	As required.	As required from Isolation Hospital.
	Upwick, Eastbourne.	Tuberculosis.	7	13	T	Eastbourne.	Borough Council Committee.	M.O.H. I Clinical Tuber- culosis Officer.	As required.	1 Matron. 1 Sister. 3 Nurses.
Municipal Maternity Home.	9 Upperton Rd., Easthourne.	Maternity.		16	1	Eastbourne.	Borough Council	M.O.H. Assistant M.O.H. Private Practitioners attend their own cases.	I Consultant Gynaecologist	I Matron. I Sister. 2 (bual, Midwives 5 Pupil Midwives I Probationer.
Ear, Nose and Throat Hospital.	49 Cavendish Pl., Eastbourne.	Ear, Nose and Throat.	3 Pay	3 Paying Beds.	ds.	Eastbourne and surrounding District.	Voluntary Committee.	1 Aural Surgeon. 1 General Surgeon. 2 Anæsthetists.	r Consultant Surgeon.	1 Matron. 3 Staff Nurses. 2 Prob. Nurses.
Royal Eye Hospital.	49 Pevensey Rd., Ophtbalmic. Eastbourne.	Ophthalmic.	9	$\infty$	1	Eastbourne and surrounding District.	Voluntary Committee.	Attendant.	2 Consultants	I Matron. I Nurse. 2 Prob. Nurses.

HOSPITALS OUTSIDE THE BOROUGH IN WHICH BEDS ARE RETAINED BY THE LOCAL AUTHORITY.

## HOSPITAL DETAILS.

Service for which available.	Hospital.		Beds.	
Street of which available.	Trospital.	Male.	Fe- male.	Chil- dren.
*General Medical			44 ingle be les or fe	
*General Surgical	Leaf Homoeopathic Cottage Hospital	6 50	7	3 41
Children				
Maternity	Municipal Maternity Home St. Mary's Hospital Bell Hostel	Ξ	16 7 1	_
Vencreal Discases	No fixed arrangement.			
†Tubcrculosis	Gildredge Hospital	12	12	_
Chronic Sick	St. Mary's Hospital	_	17	
Mental	Brighton County Borough Mental Hospital, Haywards Heath East Sussex County Mental Hospital Hellingly		110	14
*Mental Deficiency	Brentry Colony, Westbury-on-Trym, Bristol	5	_	_
*Orthopaedic	Royal National Orthopaedic Hospital, Stanmore, Middlesex	_	_	5
Ear, Nose and Throat	Ear, Nose and Throat Hospital, Eastbourne	3 Payi	ng Beds	10
Puerperal Fever and Pyrexia	Infectious Diseases Hospital, Eastbourne	)		
Ophthalmia Neonatorum	Infectious Diseases Hospital, Eastbourne		62	
General Infectious Diseases	Infectious Diseases Hospital, Eastbourne			
Small-Pox	Languey Hospital, Eastbourne		18	
Ophthalmic	Royal Eye Hospital, Eastbourne	6	8	

<sup>\*</sup> Additional beds are secured in Institutions outside the Borough for special cases when necessary.

The Joint Hospital Committee formed in accordance with the provisions of the Local Government Act, 1929, has met twice, but not during 1933.

<sup>†</sup> Patients requiring Sanatorium treatment are sent to Institutions outside the Borough, principally to Grosvenor Sanatorium, Ashford, Kent.

# LIST OF ANNUAL SUBSCRIPTIONS AND DONATIONS BY THE LOCAL AUTHORITY TO HOSPITALS AND NURSING ASSOCIATIONS.

	£	s.	d.
Princess Alice Memorial Hospital	65	5	0
Leaf Homoeopathic Cottage Hospital	15	15	0
Eastbourne Royal Eye Hospital	10	10	0
Royal Surgical Aid Society	15	15	0
Eastbourne Ear, Nose and Throat Hospital	10	10	0
Christ Church, etc., Nursing Association	50	0	0
Hampden Park Nursing Association	15	15	0
All Souls' Church Nursing Association	30	0	0
National Society for Prevention of Cruelty to			
Children	5	5	0
*Eastbourne Women's Hostel	10	0	0
House of the Good Shepherd	5	0	0
Mental After-Care Association	2	2	0
Church of England Waifs' and Strays' Association	5	5	0
National Council for the Unmarried Mother and			
her Child	2	2	0
Institute of Medical Psychology	2	2	0
* Now closed.			

#### MATERNITY AND CHILD WELFARE.

The Statutory Committee formed according to the Act of 1918 is a Sub-Committee of the Sanitary and Public Health Committee, and is composed of six members of that Committee and three co-opted ladies.

Under the Public Assistance Scheme of the Council, matters pertaining to children and especially those in institutions dealt with by the Guardians until April 1st, 1930, have been transferred to this Committee.

GENERAL MATERNITY AND CHILD WELFARE.

There are three centres. The principal centre is at the Town Hall, and the second at Acacia Villa, Seaside. The third centre at Hampden Park was opened at the beginning of 1932.

(a) A MOTHERS' AND INFANTS' CLINIC is held at 2 p.m. at the Town Hall on Wednesdays; at Acacia Villa, Seaside, on Fridays at 2 p.m.; and at the Hampden Park Hall on Mondays at 4 p.m.

Dr. E. H. B. Coghill was the medical attendant of the clinics until June, when Dr. Fenton took on the work. Miss R. Clark is the superintendent nurse.

The work of the clinic includes advice to mothers, and attention to minor ailments of infants and children under school age for which ordinary medical attention is rarely, if ever, obtained. The work is mainly preventive. Cases are sometimes referred to medical practitioners, and vice versa. Short demonstrations in such matters as washing and dressing infants are given. Light refreshments are provided by some ladies kindly interested in the clinics. The infants are regularly weighed, and advice is given on matters concerning both infants and mothers.

The attendances at the clinics in 1933 were 8,563 of 1,099 children, 588 under one year of age,

217 between one and two years, and 294 aged two, three and four years. The attendances in 1932 and 1931 were 8,253 and 6,774 respectively. 225 mothers attended for advice on 961 occasions.

The staff at the centres included the Superintendent Nurse, Miss R. Clark, and Nurses Simmonds, Curtis, Mack and Ward. These nurses were also engaged in home visiting. The Superintendent gives one-quarter of her time and the four nurses half their time to maternity and child welfare, the remainder of the time being occupied by them as school nurses in their separate districts of the Borough.

On January 1st, 1925, Acacia Villa, Seaside, was opened as a centre and the Friday clinic was held in that populous area instead of at the Town Hall. The figures as to those attending there in 1933 are included in the summary above. There were 3,101 attendances of 448 children, 325 under two and 123 aged three and four, 324 attendances of 70 mothers and 43 attendances of 18 expectant mothers.

The attendances of children in 1932 and 1931 were 3,220 and 2,907 respectively.

On January 1st, 1932, a clinic was opened at Hampden Park to meet the needs of the growing district and the following are the figures as to those attending at this clinic, included in the summary above:—There were 1,188 attendances of 152 children, 95 under two years of age and 57 aged three and four years, 83 attendances of 32 mothers and 22 attendances of 16 expectant mothers.

The attendances of children in 1932 were 1,117.

(b) Home Visiting.—The Borough is divided for this purpose into four districts, each having its own Nurse Visitor. The visits paid numbered 9,463 in 1933 and were as follows:—To expectant

mothers, 271; to infants under one year, 4,435; and to children aged one to five years, 4,757. The percentage of the births which took place in Eastbourne notified to the Medical Officer of Health in 1933 was 96%, or all but 25. In the cases of 610 births, or 81% of the total number, visits were made. The Notification of Births Act enables the nurses to make visits within two or three days of a birth.

The department receives notices from the Maternity Home and from St. Mary's Hospital when maternity cases are discharged, and is thus able to keep in touch with the cases born in the Home and St. Mary's. The Municipal Midwife's cases are followed up when the midwife ceases to attend. The home visiting is the most important part of the work.

- (c) ANTE-NATAL CLINIC.—(i.) At the Town Hall, Acacia Villa and Hampden Park on Wednesdays and Fridays at 2 p.m. and Mondays at 4 p.m. respectively, in connection with the Maternity and Child Welfare Clinic. Number of attendances, 104 of 53 expectant mothers.
  - (ii.) At the Maternity Home, Tuesday, Wednesday and Friday afternoons.

The number of practitioners' visits was 36 less than in the previous year.

The majority of the cases were normal and required information on minor matters only. If neglected, however, these minor matters might have led to more serious conditions in some cases. There were 37 abnormal cases, viz.:—

Albuminuria .. .. .. 4
Breech presentation .. .. 10

Vomiting					2
Small pelvis					2
Vaginal discha	rge				2
Disproportion	bet	ween	head	and	
pelvis					12
Rash					3
Teeth requirin	g urg	ent tre	eatment		2

Some of these cases were serious and the ante-natal attention very valuable. General advice to the mothers was also given as regards the hygiene of pregnancy.

(iii.) Visits to ante-natal cases in their own homes by nurses, 276.

There are special arrangements at the Maternity Home to enable efficient ante-natal work to be carried out.

As 46% of the births are attended under the arrangements at the Home, ante-natal attendance is insisted on in about half the pregnancies that approach full-time. Including births at St. Mary's, where ante-natal work is also carried out when possible in the cases to be admitted, this percentage is increased to 55.6%.

The co-operation of practitioners is invited and presents no difficulties, their wishes in the matter always receiving attention.

- (d) Post-Natal Clinic.—Some work in this respect has been carried on at the Maternity Home.
- (e) Food was distributed in 1933 in the form of dried or new milk for expectant and nursing mothers and young children.

The various "Orders" of the Ministry of Health were carried out during the year. In connection with milk distribution, the scale of income (less rent paid) per member of the family, adopted in accordance with Circular 185 of 31st March, 1921, was as follows:—

Number in Family.		Milk.	Сс	it Hali ost. d.
1	 s. 7	0	 s. S	0
2	 7	0	 8	0
3	 7	0	 8	0
4	 6	6	 7	6
5	 6	6	 7	6
6	 6	6	 7	6
7	 6	0	 7	0
8	 6	0	 7	0
9	 6	0	 7	0
10	 5	6	 6	6
11	 5	6	 6	6
12	 5	6	 6	6

Applicants for milk are required to fill up a form giving particulars of their income and rent paid. These forms are verified and milk granted in accordance with the above scale.

The recipient's own dairyman is given an order for the increased supply, partly in the hope that it may help to avoid the difficulty of the extra supply being used to replace instead of to augment the milk supplied to the family generally.

# (i.) New Milk.—

The total amount for which orders were given was 26,815 pints, or an increase on the previous year of 11,514 pints. This increase is due to the prevalence of unemployment. Care was exercised to be sure that necessitous cases got the milk, and that, on the other hand, none was given in unnecessary cases. One hundred and seventy-two families received milk free in the following manner, some families having it for two of the reasons set out:—

Expectant mothers	 	 23
Nursing mothers	 	 80
Infants	 	 116

Amount allowed—One pint daily.

Average length of time allowed—22.2 weeks.

# (ii.) Dried Milk .-

Number receiving—

Infants			 214
Nursing mothers			 3
Number paying full	cost	orice	 151
Number paying part	cost		 7
Number receiving fr	ee		 59

Dried milk used—"Cow and Gate" and "Almata."

In special cases chemists' vouchers are given for "Allenbury's" and "Truefood" to enable mothers to get these foods at a special rate.

(f) Boarding-Out.—At the commencement of 1933 there were nine children (four males and five females) boarded-out by the Local Authority, two being in Eastbourne and seven in the area of the East Sussex County Council. During the year one female was adopted by the foster-mother on reaching the age of 14 years, whilst one new case was boarded-out in Eastbourne. There were, therefore, five males and four females boarded-out at the end of 1933. The cases boarded-out in the county area are visited by the Visitors of the East Sussex County Council, who send reports to the Local Authority, and those boarded-out in the Borough are regularly visited by the Health Visitors.

During the year the Council contributed towards the maintenance of one illegitimate infant in a private house and maintained one delicate infant in a convalescent home for four months.

(g) INFANT LIFE PROTECTION.—The duties under the Children Act, 1908, with regard to infant life protection were carried out by the department, five of the Health Visitors being appointed visitors under the act.

At the commencement of the year there were 43 foster parents on the register receiving 57 infants for fee or reward. During the year 31 new infants were added to the register, 34 removed on

their return to parents and relatives, and 2 transferred with their foster mothers to other areas. Nine infants were transferred from their foster mothers to other foster mothers.

Twenty-six new registrations of foster mothers were made, 29 were removed from the register on relinquishing the care of infants, and 2 transferred to other areas.

At the end of 1933 there were 38 foster mothers on the register receiving 52 children.

Under the new Children's Act, notifications were received from 15 private schools of 63 children under the age of 9 years.

(h) Unmarried Mothers.—Temporary homes were provided for four of these cases. The estimates were framed to allow provision to be made for five cases at any one time up to twelve months from the date of birth.

Bell Hostel.—This hostel provides a local means of dealing with unmarried mothers and illegitimate babies. The premises are excellent for the purpose, and the Committee carries out most useful work. During 1933, 14 confinements took place in the hostel.

The charges to the Council were as follows:—25/- per week until the mothers went to work, then 20/- per week.

The four unmarried mothers and infants remaining in the hostel on 1st January, 1933, were discharged during the year.

Four new cases were admitted during the year, all being discharged.

At the end of 1933 there were no unmarried mothers at the Bell Hostel at the cost of the Local Authority.

The infant mortality rate of illegitimate infants in 1933 was 43 per 1,000 births; that of legitimate infants 162 per 1,000 births.

(i) Municipal Maternity Home, 9 Upperton Road.— Consulting Obstetric Surgeon: Dr. A. H. Crook. Matron: Miss Macintosh. This Home was opened on 10th March, 1920. Important extensions were finished in May, 1925. Facilities for ante-natal and post-natal work and bedroom accommodation for the staff were the main features of the extension.

The following table shows the use which is made of the Home:—

Year.	Total No. of Births	Births in Municipal Maternity Home.	Percentage of Total Births taking place in Home.
1920	996	73*	7.3%*
1921	813	113	13.9%
1922	699	99	14.1%
1923	738	134	18.1%
1924	672	144	21.4%
1925	699	147	21.3%
1926	766	191	24.9%
1927	696	203	29.1%
1928	757	240	31.7%
1929	674	221	32.7%
1930	703	248	35.2%
1931	728	264	36.2%
1932	758	252	33.2%
1933	749	265	35.3%

<sup>\*</sup> Past year only.

Altogether there have been 2,594 births in the Home up to the end of 1933.

There are now 16 maternity beds.

Two hundred and sixty-three mothers were admitted for confinement and 265 children were born, of whom nine were still-born or immature

births. There were two cases of twins. There were no maternal deaths. Two other cases were admitted for treatment in connection with confinement.

The ante-natal work at this Home continues to increase. As 45 per cent. of the births of the Borough are managed in and from the Home, and ante-natal attendance is compulsory, it follows that in this 45 per cent. of the births, thorough ante-natal work is secured apart from that carried out at the Maternity and Child Welfare Clinics and elsewhere. The mother's own medical attendant is invited to attend and the services of the medical staff are otherwise available.

MATERNITY HOME.	Ma	TERNITY (	CASES.	
Return for the year en 1. Total number of cases adn			r, 1933.	
For confinement For treatment in connect	ion with o	onfineme	20 nt	33 2
2. Average duration of stay			15.	2 days
3. Number of cases delivered  (a) Midwives, 150; 57%  (b) Doctors, 113; 43%.				
4. Number of cases in which				
by the midwife, with rea (a) During Labour—	asons for	requiring	assistai	nce :—
Prolonged labour				2
Delayed labour				1
(b) After Labour—				2.1
Torn perineum	• •			
Sub involution		• •		1
Epilepsy	• •	• •	• •	1
(c) For Infant—				0
Foetal distress		and foot		1
Watery eruptions of	n nands a	ind rect		1
In addition, doctors also natal work—	saw ine	jouowing	uses i	n unic-
Disproportion between	een head	and pelvi	s	12
Albuminuria				4
Breech presentation	١			10
Vomiting				2 2
Small pelvis				
Vaginal discharge				2 3
Teeth				2

5. Number of cases notified as puerperal fever, with result of

treatment in each case, 2. One case transferred to Public Assistance Hospital and one to Infectious Diseases Hospital. Recovery in both cases.

- 6. Number of cases notified as puerperal pyrexia (i.e., rise of temperature above 100.4° for 24 hours, or its recurrence within that period), 11.
- 7. Number of cases of pemphigus neonatorum, Nil.
- 8. Number of infants not entirely breast fed while in the institution, with reasons why they were not breast fed:—

Mother in unfit condition		 6
Insufficient milk		 5
Deformed breasts		 1
Baby to be boarded-out		 2
Baby transferred to General	Hospital	 1

- 9. Number of cases notified as ophthalmia neonatorum, with result of treatment in each case, 1 (cured).
- 10. Number of maternal deaths, with cause, Nil.
- 11. Number of foetal deaths (still-born or within 10 days of birth) and their causes, and the result of the post-mortem examination, if obtainable:—

Still births		 	 7
Macerated	foetus	 	 2
Deaths		 	 4

- Intracranial haemorrhage.
   Premature birth; asthenia.
- (3) Pyelitis; operation for congenital stricture of urethra.
- (4) Prematurity and congenital hypertrophy of liver.

The infant mortality rate for the first fortnight after birth in the Home was 15.6 per 1,000 births.

The patients are attended by their own medical attendant if they wish; otherwise by the matron and staff.

In four cases the caesarian operation was performed.

The charge for patients is £2. 2s. per week and, while waiting in the Home for confinement, 3/6 and 5/- per day. For non-residents the charge is doubled. Occasionally higher fees are paid and in suitable cases charges are remitted in part.

In the case of the 265 patients admitted, full charges were paid in 243 cases and part charges were paid in 22 cases.

The Home is sanctioned as a training centre for midwives, and particulars as to this branch of the work are as follows:—Seven nurses were taken

for training, all of whom sat for their C.M.B. certificates, six passing the examination.

(j) Infants' Home, 9 Upperton Road. — Matron: Miss C. B. Macintosh.

In this Home there were originally sixteen cots, eight in an "open-air" building. When started, all the beds were usually full, but year by year the numbers decreased until only one or two ailing infants were to be found for hospital treatment. At the same time the demand for maternity beds increased, so that the infants' department was abandoned in 1929. Occasionally an ailing infant is still admitted, but during 1933 no such case was admitted. There has been, however, an increase in the number of these cases at St. Mary's Hospital.

In connection with the institution, three courses of lectures and training in the care of infants were given. Beside the staff, 25 persons attended the courses. Examinations were held, 20 certificates being awarded.

(k) Municipal Midwife.—The municipal midwife for external work who lives at the Maternity Home was Miss L. M. Smith. The work is directed from the Home. In 1933, 78 confinement cases were attended in various parts of the Borough, 16 of these were doctors' cases and 58 were managed by the midwife herself. There were four cases of miscarriage and two still births. In 1932 there were 97 cases attended.

The total number of visits paid by the municipal midwife was 288 and patients paid 279 visits to the municipal midwife and ante-natal staff at the Maternity Home.

Medical assistance was sought by the municipal midwife in 26 cases, viz.:—

# ANTE-NATAL.

Vaginal discharge				1	
Cough				1	
Albuminuria				2	
Disproportion				1	
Cystocele				1	
Threatened miscar	riage			1	
Durin	ig Labo	OUR.			
Rash and rise of to	emperat	ure		1	
Prolonged labour				1	
Ruptured perineur	n			9	
For T	HE INF.	ANT.			
• Feebleness				1	
Talipes				2	
Discharging eyes				4	
Circumcision				1	
The fee has been ra	aised to	30/- to	bring	g it int	
line with the charges of	f other:	midwiy	res. I	n a fe	V
cases it was partially of	or wholl	y remi	tted o	wing t	.(
financial difficulties of t	the fami	ilies.			
ATERNITY BLOCK, ST.	MARY'S	s Hosp	ITAL (	Publi	(
Assistance Hospital	.).—The	follo	wing	is th	H
return relating to this r	naternit	ty bloc	k :		

- - 1. Number of beds in the block, 6, plus 1 bed in an isolation ward.
  - 2. Number of cases admitted during the year, 78. For confinement ... 74 Confinement immediately before admission Miscarriage ... 78
  - 3. Average duration of stay, 29.8 days for 66 discharges and deaths (8 cases still in the hospital at the end of the year).
  - 4. Number of cases delivered by—
    - (a) Midwives, 63.
    - (b) Doctors, 13 (including 2 miscarriages).

- 5. Number of cases in which medical assistance was sought by a midwife, 11.
- 6. Number of cases notified as-
  - (a) Puerperal fever, Nil.
  - (b) Puerperal pyrexia, 7.
- 7. Number of cases of pemphigus neonatorum, Nil.
- 8. Number of infants not entirely breast fed while in the institution, 1.
- 9. Number of cases notified as ophthalmia neonatorum, Nil.
- 10. Number of maternal deaths, 2.

Causes of death—

- (1) (a) Eclamptic fits.
  - (b) Toxaemia of pregnancy.
  - (c) Nephritis and pregnancy.
- (2) (a) Acute salpingitis.
  - (b) Peritonitis.
- 11. (a) Number of infant deaths—
  - (i.) Still-born, 4.
  - (ii.) Within ten days of birth, 3.
  - (b) Cause of death in each case and results of post-mortem examination (if obtainable)—
    - (1) (a) Inanition.
      - (b) Premature birth.
    - (2) (a) Atelectasis.
    - (3) (a) Atelectasis.
      - (b) Prematurity.

There were two cases of twins, so that the number of live births was 72.

The births in Eastbourne which took place under the supervision of the officers of the Local Authority, *i.e.*, at the Maternity Home, under the Municipal Midwife and at St. Mary's Hospital, numbered 417, or 55.6 per cent. of the total.

(m) MIDWIVES ACT, 1902.—Twenty-five registered midwives (one untrained) gave notice of their intention to practise during 1933. (If these, 16 were

practising in institutions, 2 in private nursing homes, 1 was the external municipal midwife, and only 6 practised regularly outside institutions. They are visited by the superintendent nurse, herself a qualified midwife, and by the medical officers when necessary. The visits paid by the superintendent nurse during the year numbered 24.

Midwives attended 79.6 per cent. of the total births notified during 1933.

The following notices which midwives are required to send to the Local Authority were received:—

Birth of still-born child	 	18
Artificial feeding	 	1
Laying out dead body	 	2

Medical assistance was sought, apart from Maternity Home and municipal midwife cases, by midwives in 21 cases during 1933, viz., for the mother, 17 cases; and for the infant, 4 cases.

For the mother—

	Abnormal labour			 5
	Delayed labour			 1
	Retained placent	a	• •	 2
	Ruptured perineu	ım		 4
	Rise of temperate	ure		 2
	Breech presentati	ion		 1
	Slight collapse			 1
	Abortion			 1
For	the infant—			
	Crippled foot			 1
	Swelling on back			 1
	Discharging eyes	• •		 2
FT7 4				

The scale of fees arranged by the Ministry of Health was adhered to and where possible refunded amounts were obtained from the patients.

(n) Home Help. — The Home Help (Mrs. Hicks) attended 64 cases during the year, viz., 45 homes for household duties in maternity cases and 19

homes for ordinary relief work (for expectant or nursing mothers or during illness of children). Her wages are 35/- per week.

(o) Hospital Accommodation.—\*The Borough Hospital provides accommodation for puerperal fever, ophthalmia, measles and other infectious ailments.

The Princess Alice Memorial Hospital provides for some abnormal confinements if required.

\*The Maternity Home at 9 Upperton Road provides for confinements of married women only. Sixteen beds.

\*St. Mary's Hospital (late Guardians' Institution) has an excellent maternity block for six cases.

# \* Municipal Hospitals.

The Bell Hostel, Salehurst Road, provides for unmarried mothers and their infants. Some cases are paid for by the Local Authority, as described above.

- (p) CRECHE.—Since March, 1926, there has been no Creche in Eastbourne. Before the closing of the Christ Church Creche the attendance was very small and the cost very great.
- (q) Dental Work.—Mothers (prospective and actual) are occasionally assisted as regards dental work and dentures. The following dental assistance was given in 23 cases:—

Extractions and plate ... 1 case
Extractions only ... 18 cases
Extractions and other treatment ... 3 cases
Plate only ... 1 case
Mothers paying full cost ... —
Mothers paying part cost ... 4
Free cases ... 19

(r) CLINIC STAFF.—Five part-time health visitors, one 75%, three 50% and one 25% time, who also assist in school medical work.

The clerical work is carried out by the clerical staff of the Public Health Department.

- (s) OPHTHALMIA NEONATORUM.—Three cases were notified in 1933; partial blindness in one eye resulted in one case; this child died later from pneumonia.
- (t) Hampden Park District Nursing Association.—
  Owing to the comparatively isolated nature of this part of the Borough, the Local Authority has agreed with the association for the use of its nurse in some maternity and child welfare cases in the district. A retaining contribution of £10. 10s. per annum is paid to the association by the Maternity and Child Welfare Committee and £5. 5s. by the Public Assistance Committee.

The following figures for 1933 show the extent of the work of the association:—

Number of maternity cases ... 11
Number of ante-natal visits ... 77
Visits to children under 5 ... 82
Visits to children over 5 ... 241

- (u) VOLUNTARY ASSISTANCE.—Some ladies give practical help at the clinics by assisting in social enquiries and help, and by helping to provide light refreshments for the mothers at the clinics.
- (v) Breast Feeding.—Four hundred and sixty-four of the births were followed up for twelve months to ascertain the state of breast feeding. Of these, 247 mothers fed the babies naturally for nine months, in 199 instances the babies were partly breast fed, and 18 were hand fed from birth. Of the 199 partly breast fed babies, 29 were breast fed for seven months and over, 85 from three to six months, 36 for two months and 49 for one month.
- (w) ORTHOPAEDIC TREATMENT.—The Council's orthopaedic centre at Latimer Road was opened on February 24th, 1930. It continued the work of a voluntary association.

The following is a list of the cases treated at the clinic during 1933, apart from the school medical and tuberculosis cases:—

	Still Attend'g.	-014     -     -	6
	to I. Ati		
Š.	Ceased to Attend.		
GIRLS.	Re- lieved.	-             -	27
	Cured.	∞ o1 =     =	7
	No.	440-  -  -	<u>s</u>
	Still Attend'g.	90101   01   1     0	$\frac{\pi}{\infty}$
	Ceased to Attend.	-       -	C1
BOYS.	Re- lieved.	1111-111111	part .
	Cured.	w 4   -           - m	12
	No.	2200-01 -020	33
	Disability.	Genu Valgum Genu Varum Talipes Debility Hemiplegia Congenital Deformity Congenital Contraction Flat Feet Rickets Chondroma Septic Sores Marasmus Lump on Head	

Mr. Seddon, of the Royal National Orthopaedic Hospital, visits monthly as consulting surgeon.

(x) ARTIFICIAL SUNLIGHT TREATMENT. — Orthopaedic Clinic.—

Lamp used: Carbon arc (Quain).

Distance: 36 inches from lamp.

Dosage: From 2 mins. gradually increasing to 10 mins.

No. of cases: 7.

No. of treatments: 154.

	Cases	Boys	Girls	. Remarks.
Marasmus	4	3	1	These babies improved rapidly, showing an increase in weight after one week's treatment. The girl was sent into St. Mary's Hospital as home conditions were unsatisfactory. Had only five treatments. The boys were
Debility	3	2	1	all discharged cured. (Attended thrice weekly).  The two boys showed marked improvement and were discharged cured.  The girl was admitted to St. Mary's Hospital. Attended clinic twice weekly for treatment.

- (y) Puerperal Pyrexia.—Reference has been made under "Infectious Diseases" in another part of the report to this condition. There were 19 notifications.
- (z) Finance.—For the year ending March 31st, 1934, the general maternity and child welfare work cost £2,690, and the Maternity Home £3,336, with £436 capital charges in addition, a total of £6,462.

The income as regards the Centre was £321, and from the Home was £2,070, a total of £2,391. The balance of cost was therefore £4,071.

Before the consolidation of grants from the Treasury, fifty per cent. of approved maternity and

child welfare expenditure was met by the grant. Without taking any grant into account, the maternity and child welfare service was a charge of about one and a half pence on the rates.

(aa)	CHILDREN	IN	Institutions.—On	1st	January,
1933, 32	children we	re in	institutions as follow	vs :	

		Males.	Females.
Warren Farm School, Brighton		13	_
Training Ship Exmouth, off Grays		5	-
St. Joseph's Orphanage, Orpington		6	-
St. Ann's Orphanage, Orpington		-	1
Brockham House, Betchworth			1
St. Dominic's Priory, Hertford		2	-
National Children's Home & Orphana	age,		
Edgworth, Lancashire		3	1

Of these children, the following have been discharged:-

	77.47	LULCI.	T CITICIL
Warren Farm School, Brighton		6	_
Training Ship Exmouth, off Grays		1	_
St. Joseph's Orphanage, Orpington		2	-
Brockham Home, Betchworth		_	1

The admission of children to institutions during the year has been as follows:—

		Males.	Females.
Wallingford Training Colony		1	_
Nazareth House Convent, Bexhill .		1	3
Warren Farm School, Brighton .		2	
Church of England Temperance Home	e,		
Shrewsbury		1	-

At the end of 1933 there were 33 children in institutions as follows:—

	Males.	Females.
Warren Farm School, Brighton	 9	-
Training Ship Exmouth, off Grays	 4	-
St. Joseph's Orphanage, Orpington	 4	
St. Ann's Orphanage, Orpington	 _	1
Nazareth House Convent, Bexhill	 1	3
St. Dominic's Priory, Hertford	 2	-

	3.5	1 7	
National Children's Hama & Omban		ales. I	Temales.
National Children's Home & Orphana	0	0	1
Edgworth, Lancashire	• •	3	1
Wallingford Training Colony		1	-
Church of England Temperance Ho	me,		
Shrewsbury		1	_
(ab) Cottage Homes (Superintender	nt : Mi	iss Vicl	kerv).—
Transferred from the late Guardians			
April 1st, 1930. There are four cottage			
ituated as follows:—	1101110	.5 101	cilitaren
	Accom	modatio	vn
			es. Total.
Nos. 2 & 4 Birling Street 4	4		8
Nos. 72 & 74 Green Street —	3	14	17
Nos. 1 & 3 Dacre Street 25	_	_	25
Nos. 120 & 122 Green Street —	23		23
	_		_
Totals 29	30	14	73
Totals 29	00	1.4	70
The fellowing is a table of admissi			
The following is a table of admissi		ma an	scharges
o the homes since 1st January, 1933:—	Tales.	Female	s. Total.
In homes, 31st December, 1932	33	28	61
*Admitted during the year	54	34	88
Admitted during the year	<i>0</i> - <del>1</del>		_
TO' 1 11 ' (1	87	62	149
Discharged during the year	49	33	82
	_		
Remaining in homes, 31st Dec., 1933	38	29	67
	_	_	_
* Of these, 31 males and 8 females were			
The reasons for discharge were as			
Transferred to other institutions	M		Females.
Transferred to other institutions	• •	5	1.0
Discharged to parents and relatives	• •	15	16
Boarded-out		1	
Transferred to hospital		25	12
To work		3	5
		—	—
Total		49	33

t

(ac) NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.—The following summary of the work of this society in Eastbourne has been kindly furnished by the Inspector (Mr. T. Richings):—

(1) Com	plaints receive	ed-					
· ·	glect					61	
	vice sought					26	
	treatment					20	
Imi	moral surround	dings				1	
	posure					1	
	minal assault					2	
	lecent assault					2	
						113	
(2) Rep	orted by—						
Ger	neral Public					69	
Sch	ool Officers					18	
Sch	ool Medical D	epartm	ent			16	
Pul	olic Assistance	Depart	tment			3	
Pol	ice					7	
						113	
(3) Hov	v dealt with—						
Wa	rned and advi	sed				95	
Tra	insferred, etc.					18	
						113	
	of children at		_				
Ov	er 5 years of a	ge				147	
Un	der 5 years of	age			• •	78	
						225	
							100
Supervi	sion visits to v	varned	and ac	ivised	cases		439

## INFECTIOUS DISEASES.

The following diseases were notifiable in 1933:— Under the Original Notification Act, 1889:—

Small Pox. Cholera. Enteric Fever.
Diphtheria. Erysipelas. Scarlet Fever.
Plague. Typhus. Continued Fever.

Relapsing Fever. Puerperal Fever.

By orders since:-

Tuberculosis (all forms). Influenzal Pneumonia.

Ophthalmia Neonatorum. Malaria.
Cerebro-Spinal Fever. Dysentery.
Acute Poliomyelitis. Trench Fever.
Encephalitis Lethargica. Acute Pneumonia.

Puerperal Pyrexia.

No other diseases were added to this list by local action.

The notifications of Tuberculosis are dealt with separately under that heading later in this report.

Notification of Infectious Diseases, 1933.

	Males.	Fe- males.	Total.	No. Isolated (Fever Hosp'l)	Deaths of notified Cases.
Scarlet Fever	41	37	78	78	
Diphtheria	8	15	23	22	2
Acute Primary Pneu-	6	16	22	1	15
monia. Acute Influenzal Pneu-	8	8	16	_	8
monia. Puerperal Pyrexia	_	19	19	1	2
Encephalitis Lethargica		1	1		1
Erysipelas	8	12	20	6	2
Enteric Fever	2	1	3	2	1
Ophthalmia Neonatorum	1	2	3		
Cerebro-Spinal	2	1	3	2	_
Meningitis Puerperal Fever		4	4	1	_
Polio Myelitis	1	_	1	1	_
Totals	77	116	193	114	31

Note.—Duplicate notifications and cases in which the diagnosis was not confirmed are not included in the above table.

MONTHLY SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES.

Total.	24	12	10	18	22	10	11	15	15	25	15	26	53
	- <del></del>		_	_	61	_	_	_	_	- 61	_	2	203
Polio- myel- itis.					1		1		1	1	1		_
Puer- peral Fever.			1					1	-	3a		1	5
Puer- peral Pyrexia.	7	2	2	I	4	I	2	3	1	_	_	2	19
Oph- thal- mia Neona- torum.		1		-				7	-		1		3
En- cepha- litis Leth- argica	1	1	1	1	1		1				1	1	-
Cerebro-Spinal Meningitis.	2		I	1		1	1	1	1	1	1	1	8
Ery-sipelas	2	1a	4	61	61	3a	2	2		2	_	_	22
Pneu- monia.	9	_	1	5a	_		2	2	1	8	-	ಣ	23
Inf. Pneu- monia.	$\infty$	7	2a	1		1	[	1	1	1	-	2	17
Enteric Fever.	1	_		1		_		-		[	1	1	8
Diph- theria.				8		2	က	_	2	ıo	36	4	25
Scarlet Fever.	चां	2		$\infty$	140	4	2	8	126	10	6	12	81
	:	•	•	•	•	•	•	•	•	•	*		
Month.	January	February	March	April	May	June	July	August	September	October	November	December	Total

(a) Each of these figures include 1 duplicate notification.
(b) Each of these figures include 2 cases in which diagnosis was not confirmed.
(c) This figure includes 1 case in which diagnosis was not confirmed.

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ATTION Disease.  r r r str str str str str str nal Meni Neonatc is Tot	¥TI(		)isea		•	٠		ızal F	y Pn	٠	Leth	rexia	ver.	M le	Neon	· vs		
Fever ring and Physical Physic	FIC.		ı		ever	ria	Feve	ıfluer	rimar	as	litis	al Py	al Fe	Spin	mia	yeliti		
NOTIFICATIONS OF  Scarlet Fever Diphtheria  Acute Influenzal Pneumonia Acute Primary Pneumonia Brysipelas  Encephalitis Lethargica  Puerperal Pyrexia  Cerebro Spinal Meningitis Ophthalmia Neonatorum Polio-Myelitis  Totals	TII				rlet I	hthe	eric	ite In	ite Pi	rsipel	cepha	rper	rper	ebro	htha	io-M		
Sca Sca Pue Enty Pue Cerr Oppl Polbl	Ž				Sca	Dip	Ent	Acu	Acu	Ery	En	Pue	Pue	Cer	Op.	Pol		

N. Notifications. D. Deaths. Note.—The above figures exclude duplicate notifications.

# INFECTIOUS DISEASES—TEN YEARS' AVERAGES. Notifications and Deaths.

	Sc	arlet	Fever.	Diph	theria.	Enteric Fever.			
		tifi- ons.	Deaths.	Notifi- cations.	Deaths.	Notifi- cations.	Deaths.		
1932 .		36	_	38	_	3	2		
1931 .		26	_	40	2	4	_		
1930 .	•	48	_	47	4	2	_		
1929 .	•	84	_	138	10*	2	_		
1928 .	. 1	09	_ `	120	4	8	_		
1927 .	. 1	43		16		1	_		
1926 .		90	_	5	_	2	_		
1925 .	•	85	_	20	1	1			
1924 .		24	_	14	_	11			
1923 .		30	_	33	1	2	-sir		
Totals	6	75		471	22	36	2		

Average for 10 years .. 67.5 — 47.1 2.2 3.6 0.2 Total for 1933 78 — 23 2 3 1

#### SCARLET FEVER.

In 1933 there was an increase in the number of scarlet fever cases. An outbreak in Hampden Park accounted for sixteen cases, ten in children attending Hampden Park Elementary School. Apart from six cases from St. Andrew's Elementary School, there were no other school outbreaks. Fourteen of the patients were adults. There was one return case (six days). In four families two cases occurred in each instance and in one house three patients had scarlet fever. There was no death and has not been for ten years.

<sup>\*</sup> Including 1 case notified in 1928 but who died in 1929.

Four of the cases were classed as "severe" and thirteen as "mild"; the remainder were of average severity and that average is a comparatively mild one in recent years. All the cases were admitted to the Isolation Hospital.

#### DIPHTHERIA.

There were 23 cases of this disease with two deaths. Children at Cavendish Elementary School accounted for ten of the cases. The apparent "carrier" of the disease was found. There were fewer cases than in any year since 1927. Preventive inoculation is not in practice in Eastbourne. The two fatal Eastbourne cases were sent into the hospital late in the disease. All the cases were admitted to hospital except in one mild instance where isolation at home was easy.

# ENTERIC FEVER.

There were three notifications, but actually four cases; following a death of an unnotified case in a boy of eighteen, the mother had the disease and recovered; the cause was not traced. The third case was not notified until after death. The fourth case occurred in a French visitor and the infection imported. It was his second attack in four years.

# CEREBRO-SPINAL MENINGITIS.

There were three patients, two isolated at the Fever Hospital and one at St. Mary's. They were all severe cases, but eventually recovered without permanent damage as far as can be ascertained so far.

# Polio-Myelitis.

One Eastbourne case occurred and recovered, but is being treated for one-sided paralysis. A case brought into the General Hospital from the country proved fatal.

#### ENCEPHALITIS LETHARGICA.

One case occurred; the diagnosis was only made after death.

#### PUERPERAL FEVER.

Four cases occurred and all recovered.

#### PUERPERAL PYREXIA.

The causes of pyrexia in the 19 cases notified were as follows:—

Anencephalic monster—very difficult forceps delivery. Ante-partum haemorrhage. Breast trouble (2). Salpingitis (fatal). Probably milk fever (2). Caesarean section (2). Difficult labour (twins). Acute nephritis.

Retained membranes.
Pyelitis.
Prolonged labour.
T.B. lungs.
Eclampsia-stillbirth (fatal).
Pulmonary embolism—
Caesarean section.
No apparent cause (2)
(1 premature labour).

#### OPHTHALMIA NEONATORUM.

Three cases were notified. Two completely recovered, but for the first time for very many years resultant damage to the sight in one eye occurred in one case, in spite of early and specialist treatment. The infant died later on from Broncho Pneumonia.

#### ERYSIPELAS.

There were twenty cases, two of which were fatal.

# THE NON-NOTIFIABLE INFECTIOUS DISEASES.

The most important of these are measles, whooping cough and infantile diarrhoea.

The Borough, as the following table shows, continued to be comparatively free from serious cases of these diseases. It is unusual to get any death from gastro-enteritis, but one infant died from this disease in 1933.

The deaths registered from these diseases were as follows:—

Measles	 	 0
Whooping cough	 	 1
Diarrhoea	 	 1

There were eleven cases of ringworm reported.

#### LABORATORY WORK.

#### WATER.

Analyses by Borough Analyst, including Bacteriological	6
Ditto by Water Company's Analyst	5
Weekly by Medical Officer of Health (partial only)	52

# Bacteriological Examinations in Medical Officer of Health's Laboratory.

OFFICER OF TEALTHS.	LABUKA	TORY.		
I	Positive.	Negative.	Tota	al.
Diphtheria for Practitioners	19	273	29	2
Diphtheria for Isolation Hospital	10	43	5	3
1	_			_
	29	316	34	5
				_
Ţ.	Positive.	Negative.	Tota	ıI.
Tuberculosis for Practitioners		167	21	
Tuberculosis for Hospital	58	28		6
Tuberculosis for Hospitar				_
	106	195	30	1
				_
Total bacteriological exam	nination	ıs, 646.		
			. 1 1.	- 1.0
Other bacteriological examinati	ons cari	ned out or	n ben	an
of the Local Authority were:—				
(1) Examinations carried out	for the	Public	Heal	lth
Department :—				
(a) By Dr. A. G. Shera—				
Widal reaction				1
Swab for anthrax				1
Urine for T.B				1
Faeces for enteric fever				1
(b) By Clinical Research Associ	iation—			
Throat culture for virulence	• •		• •	1
(c) By Dr. S. A. Woodhead—				
Water from Devonshire Swin	mina B	Sath		1
water from Devonsinie Swin	minig L	alli	• •	1
(2) Examinations carried out for	the Mui	nicipal Ma	terni	ty
Home (9 Upperton Road)—				
(a) By Dr. A. G. Shera—				
Urea for concentration test				1
Blood count	• •			2
Lochial swab and blood cultu	ire	• •	• •	1
Cervix slide for gonococci	• •			1

(3) Examinations carried out Hospital:—	for th	e Infec	ctious	Disea	ises
(a) By Dr. A. G. Shera—					
Swabs from C.S.M. patien	t and o	contact			2
Cerebro-spinal fluid for ge	neral e	xamin	ation		1
Urine—Microscopical					1
Bacteriological					1
(4) Examinations carried out	for St.	Mary	's Hos	spital	:
(a) By Dr. A. G. Shera—					
Blood count					9
Cervix slides for gonococci	i				5
Cerebro-spinal fluid					5
Pus from incision of leg					1
Widal reaction					2
Pus from fallopian tubes					1
Breast specimens					1
Faeces and urine for enter	ic feve	r			1
Eye swab for gonococci					1
Pus from pleural cavity					1
Hairs (for ringworm)					2

In addition to the above, blood transfusions were done by Dr. A. G. Shera in five cases (two cases at the Maternity Home and three at St. Mary's Hospital). Autogenous vaccines were also prepared by him for two cases in St. Mary's Hospital.

Pathological examinations in venereal disease are set forth in that section of this report.

#### SCHOOL CLOSURE.

No schools were closed on account of infectious illness during 1933, but certificates as to prevalence of influenza bringing attendance below 50 per cent. were given early in the year.

#### ISOLATION HOSPITAL.

MEDICAL ATTENDANT: Dr. W. G. WILLOUGHBY. MATRON: Miss M. G. BAILEY.

HOSPITAL STATISTICS, 1933.

Disease.	In Hospital Jan. 1, 1933.	Ad- mitted.	Dis- charged.	Died.	In Hospital Dec. 31, 1933.
Scarlet Fever Diphtheria	5 1	79 24	67 18	$\frac{-}{3a}$	17 4
Babies with Mothers Erysipelas	1	3 6 2	4 6 2	<u> </u>	=
Tonsilitis	_	1 2 1	1 2 1	_	=
Polio-Myelitis Observation Laryngitis	_	1 7 1	1 6 1	1	$\equiv$
Scabies	1	13 <i>b</i> 1 5	13 2 5	_	=
Cerebro-Spinal Meningitis Whooping Cough		2	2	—	_
and Pneumonia Chicken Pox		1 1	1 1	_	_
Influenza Septic Pneumonia		1 1	1	_	_
Tubercular Meningitis Broncho-Pneumonia	_	1	_	1	_
after Measles Pemphigus	=	1	1	_	
Totals	8	155	137	5	21

a One of these deaths relates to the rural district case admitted and dying within a few hours.

b One of these cases was admitted twice.

There are 62 beds in 7 separate blocks. Fourteen is the largest number of beds in any block.

Although there were 155 admissions, only 154 patients were admitted, 69 males and 85 females. One scabies case was admitted twice.

The numbers of admissions for each month of the year varied from 5 in February to 17 in December.

The following is a summary of the patients admitted and discharged during 1933, giving the course of the disease and the complications, if any, viz.:—

# SCARLET FEVER.

Course of the Disease. (None fatal).
MILD (13).

		(10).			
Cervical gland enlarg	gement				3
Nil abnormal					10
					—
					10
	AVERA	GE (45).			—
					1
Albuminura Slight albuminuria Albuminuria and o					3
Albuminuria and o	cervical	gland e	enlargemer	nt on	
admission		Brazia c			1
admission Albuminuria and eh	ieken po	ox	• •		2
Albuminuria on adm	ission a	nd sub-ac	ute rheum		1
Albuminuria, cervie	al gland	d enlarge	ment and	sub-	•
acute rheumatis	m on a	dmission	mene and		1
Cervical gland enlarg	gement	1111331011	• •		7
Cervical gland enlar Cervical gland enlar	gement	— ear dis	ease—botl	earc	- 1
—paracentesis—	_profuse	enietavi	casc—boti	1 Cars	1
For disease	-proruse	epistaxi		* *	2
Ear disease Ear disease (on adm	ingian	• •			1
Ear ash	1551011)				l
Ear-ache Nasal diseharge	• •		• •		1
		• •	• •	• •	2
Sub-acute rheumatis Severe eough—some	SIII	iaataaia	• •		1
Severe eough—some				• •	1
Eczema on admissio	11		• •	• •	
Nil abnormal					18
Other gland enlarger	ment an	a second	ary rasn		1
					4.5
					45
	C	(11)			_
A 11	SEVE	RE (4).			
Albuminuria, cervica	ai giand	enlargen	ient, ear d	isease	
—paraeentesis,	second	ary S.F.	symptom	sand	1
rash Cervieal gland enla					1
Cervical gland enla	rgemen	t, acute	rneumatis	m on	1
admission, secon	ndary ra	ash			1
Cervieal gland enlarg					l
Ear discharge—mas	toid ope	eration		• •	1
					4
					-100
	Дірна	THERIA.			
One case from				ying.	
Ty	vo local	cases fat	al.		
La	1/1/11/07/2/2	1 Cases 1	(3)		
La	ryngeu	! Cases (	(3).		
	M	ILD.			
Nil abnormal					1

Nil abnormal—tracheotomy performed—1 fatal		2
	• •	44
Laryngeal and Faucial (2).		
Severe. Admitted dying from Rural District—heart failure Sent in a week late—tracheotomy—heart failure		
Faucial Cases (12).		
MILD.		
Nil abnormal		3
Average.		
		1 8
Nil abnormal	• •	8
Nasal Cases (3).		
MILD.		
Nil abnormal		1
Average.		
Nil abnormal		2

ERYSIPELAS (6 cases).—One severe septic case, one severe case following mastoid operation. Other cases normal.

Measles (2 cases).—Both normal.

Tonsilitis (1 case).—Nothing abnormal.

ENTERIC FEVER (2 cases).—One case second attack after four years. The other case had a relapse. No other complications.

Puerperal Fever (1 case).—No complications.

Polio-Myelitis (1 case).—Paralysis of left arm and leg, especially arm. Transferred to Orthopaedic Hospital.

LARYNGITIS (1 case).—Severe laryngeal symptoms. Tracheotomy avoided.

Scabies (12 cases).—All ordinary cases. One case was readmitted for further treatment.

Puerperal Pyrexia (1 case).—Probably due to pyelitis bacilluria.

SEPTIC THROAT (5 cases).—One case had quinsey. Other cases nothing abnormal.

CEREBRO-SPINAL MENINGITIS (2 cases).—Both severe, but recovery complete.

WHOOPING COUGH AND PNEUMONIA (1 case).—Nothing abnormal.

CHICKEN POX (1 case).—Nothing abnormal.

Influenza (1 case).—Nothing abnormal.

Tubercular Meningitis (1 case).—First symptoms diplopia and ptosis going on to coma and delirium. Fatal.

Septic Pneumonia (1 case).—Pneumonia remaining unresolved, the patient was transferred to the General Hospital.

Broncho-Pneumonia following Measles (1 case).— Nothing abnormal.

Pemphigus (1 case).—Eczematous condition of legs, etc.

By arrangements with the Schoolmasters' Association, cases from certain schools in Seaford are occasionally taken into the hospital.

All but one of the cases of diphtheria and all the cases of scarlet fever from the Borough were admitted to the hospital.

The average time the recovered patients who completed their stay in hospital in 1933 remained in the hospital was as follows:—

					Days
Scarlet fever				٠.	37
Diphtheria					32
Nil (babies wit	h moth	ners)			19
Erysipelas					15
Measles					14
Tonsilitis	• •				13
Enteric fever					40
Puerperal feve	r				27
Polio-myelitis					51
Laryngitis					11
Observation					12
Scabies					6
Puerperal pyre	exia				21
Septic throat					19
Cerebro-spinal	menin	gitis			38
Whooping cou	gh and	pneum	onia		21
Chicken pox					14
Influenza					10
Septic pneumo	nia				22
Broncho-pneur	monia :	after m	easles		9
Pemphigus					20

SUMMARY OF CASES	ADMITT	ED FRO	M Ins	TITUT	IONS,	Етс.
St. Mary's Hospit	al—					
Scarlet fever					1	
Diphtheria					1	
All Saints' Conval	escent E	Iome—				
Scarlet fever					8	
Erysipelas					1	
Princess Alice Me	morial I	Hospita	l			
Whooping co	ugh and	l pneun	nonia		1	
Scarlet fever					2	
Septic throat					1	
Observation					1	
9 Upperton Road	(Munica	ipal Ma	aternity	Hom	e)—	
Puerperal fev	er				1	
Puerperal pyr	rexia				1	
Nil (babies w	ith abo	ve cases	s)		2	
Ear, Nose and Th	roat Ho.	spital—	-			
Scarlet fever					1	
Erysipelas					2	
Observation	• •				1	

There were two children admitted direct from private schools and five other cases who attended private schools as day pupils.

The death in December of Miss M. G. Bailey, the Matron for over forty years, was a great loss to the inhabitants, many thousands of whom had had the advantage of her skilled and kind care while in the hospital.

#### HOSPITAL ACCOMMODATION.

THE BOROUGH INFECTIOUS DISEASES HOSPITAL.

Infectious disease has been light in numbers in recent years, and it might seem as if the accommodation of 62 beds is excessive. The difficulty is that even if there are few patients, some have to be separately isolated. Nursing for each disease has to be distinct. To a health resort and a school centre, an efficient isolation hospital is especially a necessity.

Experience confirms the advisability of retaining scarlet fever patients nearly six weeks for their own advantage.

Where isolation at home is possible, home treatment is allowed, though it is bad for the patient at home, even if the isolation is complete, whereas the hospital garden is a great asset during convalescence.

The report shows that any case of infectious disease of any sort is now admitted if possible and advisable.

#### LANGNEY HOSPITAL.

MEDICAL OFFICER: DR. W. G. WILLOUGHBY.

This Small Pox Hospital has 18 beds. It was opened on the 12th November, 1929, for the first time since 1902 for the reception of three cases, a man, his wife and baby.

In 1930, 35 cases were admitted and, as they were protected by vaccination, two persons for observation also.

There were no cases in 1933.

Owing to inroads of the sea, it is more than likely this hospital must be shortly abandoned.

#### ACACIA VILLA.

This Isolation Cottage which provided accommodation for persons whose houses were being disinfected was so seldom used for the purpose of isolation that it is now used as a clinic centre for the maternity and child welfare and school medical departments. There are four beds for isolation if required. These were used in 1933 for five persons from three families.

# St. Mary's Hospital.

A large amount of isolation in whooping cough and other forms of communicable disease other than scarlet fever and diphtheria is carried out at St. Mary's Hospital, especially when the requisite accommodation is not available at the Fever Hospital.

# COST OF THE INFECTIOUS DISEASES HOSPITALS.

The total cost of the Sanatorium from 1st April, 1933, to 31st March, 1934, was £4,011, including loan charges,

as compared with £4,474 in the previous year. The number of infectious diseases cases was more than in 1932, but was again small. The cost per head of the patients in the hospital is correspondingly greater when the number is small. It is a very difficult hospital to staff and maintain, owing to the constant variations in the numbers and nature of the cases. Each patient cost £4. 6s.  $0\frac{1}{2}$ d. per week, but the total cost of the hospital is a fairer criterion since a very few patients may be costly. The income from patients and the School Association was £492 and from other sources £54. The cost of food for patients and staff amounted to 8/2 per head per week.

LANGNEY HOSPITAL.—Net cost, £152.

The total net cost on the rates for these hospitals was £3,617.

Note.—These estimated costs are calculated on actual expenditure up to near the end of the period and the Borough Treasurer's estimates for the remainder.

#### DISINFECTION.

The methods of disinfection employed are the same as in previous years.

For clothing, bedding, etc., superheated steam (temp. 260°) in a Washington Lyon disinfecting machine is used.

For articles such as furs, boots, etc., that will not stand superheated steam, washing with Formalin or other disinfectant solution is employed.

For rooms and houses, fumigation with Formalin gas by means of various lamps is sometimes used, but more often and especially in tuberculosis a sprayer is used for Formalin or other solution, such as Izal, McDougall's or Lawes' Fluid.

Re-papering, re-painting, lime-washing and much soap and water cleansing after the spraying or fumigation by the disinfectant gas are the methods chiefly relied on.

# VACCINATION RETURN FOR EASTBOURNE DISTRICT, including Returns due to Ministry of Health February 9th, 1934.

G. E. HODGES, Vaccination Officer.

Sign H			88	t 5	EN	3 /	£61	(),	ta,	8	ш	ınp	9	1171	16	ελ	ı ı
Total number of Certificates of Success ful Primary Vaccination at all ages received during each of last	*13	η (ς λ (λ	iei d   f3 "	pst ps. to	100 719 101	10 110 110 110 110	gu be c c	olf flly rea lid:	301 301 31 : 0	iii se ses ibs	yo u u iao	io Ciro	t (	iqs iqs iqs	o s nio	110 110 110	orline The
Tou Certific ful Prim at all durin	*12	192	250	236	226	252	260	204	152	148	130	142	136	276	130	150	137
Un. accounted for.	II*	14	ιζ	500	31	80	49	27	38	32	24	29	23	28	28	31	
Cases of Prosecu- tion under Sec. 31.		1	1	1	1		1	1	-	1	1	1	1		ı	ļ	1
Removed out of town and gone, no address.	*9 & IO.	138	82	57	73	, <del>2</del>	30	24	22	38	43	30	14	43	37	43	1
l'ostponed by Medical Certificate.	, oo *	1.5	00	6	4	Н	9	4	8	10	m	]	7	7	m	1 7	1
Deaths under one year old.	*	15	35	50	19	22	24	31	30	22	20	तं	22	23	19	21	I
Certificates, of Exemption Registered.	9*	350	323	639	458	460	453	458	470	527	464	551	455	493	501	524	I
Had Small Pox.	) *	1	1	1	1	1	I	1	ì	1	1	1	I	1	1	1	!
Certificates of Insusceptibility Registered.	*	CI	1	7	1	1	1	_	-	8	i-d	8	_	-	23	1	1
Successful Certificates Registered.	*	506	197	209	181	133	178	139	128	137	128	128	139	122	(11)	134	
Births.	*	807	750	993	138	7++	740	684	169	763	683	764	689	711	707	757	
Yeat.	*1	8161	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933

No re-vaccination was performed by the Medical Officer of Health in 1933 under the P.H. (Small Pox Prevention) Regulations, 1917. The numbers marked thus (\*) refer to columns in Official Returns to Ministry of Health.

#### VENEREAL DISEASES.

The treatment centre is a building erected for the purpose at the rear of the Town Hall, with doctor's room, operation room, changing room and irrigation room. The premises are not satisfactory. Plans for a new clinic have been passed and it is hoped will be completed during 1934.

Owing to congestion at the Town Hall, the waiting room was taken from the clinic. At the time it was understood that new clinics would be built. This waiting room is badly needed.

The clinic was opened on 24th September, 1919.

Medical Officer: A. Geoffrey Shera, M.A., M.D., B.Ch. Camb., M.R.C.S. Eng., L.R.C.P. Lond.

Clinic hours: Men, 5 p.m., Wednesdays; Women, 5 p.m., Mondays. Special times by arrangement.

Summary, 1923-1933.

	(1)	(9)	(3) At	ttendance	S.
Year	(1) Total Cases.	Non V.D. Cases Included in (1)	(a) For M.O.'s Attention.	(b) Irrigation.	(c) Total.
1923	127	53	944	303	1247
1924	146	56	1003	504	1507
1925	131	35	1052	1080	2132
1926	158	34	979	1119	2098
1927	180	51	1420	1175	2595
1928	198	57	1295	1472	2767
1929	221	65	1369	1571	2940
1930	209	69	1012	1305	2317
1931	170	59	750	1165	1915
1932	127	39	705	1079	1784
1933	163	42	815	1137	1952

The following table shows details of the number of cases treated during 1933, the figures in brackets being those for 1932.

CASES TREATED DURING 1933.

	Ma	Males.	Fen	Females.	To	Total.	
	Old Cases.	New Cases.	Old Cases	New Cases.	Males.	Females.	Grand Lotal.
Syphilis	22 (14)	17 (12)	26 (17)	12 (13)	39 (26)	38 (30)	77 (56)
Gonorrhæa	14 (5)	28 (21)	1 (-)	1 (6)	42 (26)	2 (6)	44 (32)
Soft Chancre	1	(-)	(-)	(-)  -	(-)	<u> </u>	1
Other conditions	( <u>)</u>	18 (19)	3 (-)	21 (20)	18 (19)	24 (20)	42 (39)
Total	36 (19)	63 (52)	30 (17)	34 (39)	69 (71)	64 (56)	163 (127)

Included in the above table are the following cases from outside the Borough, which attended for the first time:—

These cases made 98 attendances.

Total attendances, 1,952 (1,784). Males, 1,541 (1,410). Females, 411 (374).

In-Patients.—One female patient received in-patient treatment during 1933 for 12 days at St. Mary's Hospital.

Several patients were admitted under the Medical Officer of the clinic to the Princess Alice Memorial Hospital for spinal puncture. Tryparsamide has been used freely in cases of tabes dorsalis, where the condition of the eyes was satisfactory.

Pathological Work.—This was carried out at the Pathological Department, Princess Alice Hospital, by Dr. Shera.

The following examinations were made:-

8		
Nature of Test.	Number of T	ests.
For detection of Spirochetes—		
For treatment centre	—	
For practitioners	3	
For detection of Gonococci—		
For treatment centre	39	
For practitioners	54	
For Wassermann Reaction—		
For treatment centre	123	
For practitioners	164	
Others for Syphilis—Kahn Tests—		
For treatment centre	123	
For practitioners	164	
Cerebro-Spinal Fluid—		
For treatment centre	13	
For practitioners	16	
Cultures for Gonococci—		
For practitioners	1	
Hydrocele Fluid for W.R. and Kahn Te	sts—	
For practitioners	1	
*		1
Total	701	

The arsenobenzol compound used in the treatment of syphilis was Sulphostab and N.A.B. (0.15-75 grammes) and tryparsamide (2-3 grammes). The dosage was usually as follows:—Sulfarsenol, 2.5 to 60 centigrammes, and Sulphostab, 3.0 to 75 centigrammes. In primary and secondary cases two full courses of 6.0 grammes Arsenic and 3.0 grammes Bismuth were given per 10-stone weight (or proportionately) consecutively or with three weeks' iodides between. In tertiary cases, two full courses and, if necessary, short courses of six Arsenical injections, etc., were given at three months' intervals with iodides.

Cases with a chronically refractory Wassermann reaction receive, after initial full courses, a half-course twice yearly as a prophylaxis against sequelae. As far as is known, no case treated at the clinic (unless defaulting) has developed late sequelae.

Bismuth is given concomitantly by intramuscular injection in doses of ranging from 0.2 to 0.4 grammes as bisoxyl and has completely superseded mercury, which is now only occasionally given by mouth or by inunction to children when for some reason or other injections are contraindicated. In such cases inunction is also used alternatively.

Sulphostab has been found to be more effective than any other compound of arsenic in ophthalmic cases.

For the prevention of after effects of Arsenical compounds, sugar is given beforehand and the urine tested for urobilin and albumen.

The tests applied before the discharge of patients were as follows:—

In Gonorrhoea (1) Normal diet and alcohol; (2) Prostatic provocative massage; Bougies; (3) Vaccine, 250 millions g.c. If there is no discharge and no threads, after all tests, the case is provisionally discharged, but not otherwise. If clear at the end of one month and six months, the case is finally discharged.

Vaccines were found to be effective for curative purposes in gonorrhoeal rheumatism and sulphostab for epididymitis.

Wassermann and Kahn tests are done on all gonorrhoea cases both at the beginning and end of treatment.

In syphilis cases three-monthly Wassermann tests for two years after the second course are made with a provocative dose at the end of the first and second year.

It has been found easier to produce a negative Kahn reaction than a negative Wassermann test. This result (negative Kahn) has been taken as being an indication of quiescence and treatment has been remitted in old standing cases so long as the Kahn remained negative; tests were made every three months.

The cerebro-spinal fluid is being tested in chronic syphilitics whenever possible so as to detect early neuro-recurrences.

During the year arrangements have been continued for irrigation when required and are constantly in use (see attendances).

Notices as to free treatment are posted in the various public lavatories, etc.

The pathological examinations have been through the Council's Medical Officer in 299 cases and in 403 instances at the request of private practitioners.

No action has been taken under the Venereal Disease Act, 1917.

The department dispenses most of its own medicines instead of sending out prescriptions.

Dr. Shera, whose report this is as regards the clinic, praises the work of the nurse (Miss R. Clark) and that of the male attendant (Mr. Tompsett).

The number of cases treated in 1933 increased. Dr. Shera attributes this to wider knowledge of the consequences of and treatment facilities for venereal disease.

When the new premises are completed the secrecy and other amenities will be increased and will very likely cause an increase in the numbers applying for treatment.

There is suitable co-operation between this clinic and the other departments of the Public Health Service.

#### PUBLIC ASSISTANCE.

Many of the Public Assistance duties of the late Guardians have been undertaken through the Public Health Department, especially in connection with the following:—

- 1. General assistance in illness and inability.
- 2. St. Mary's Hospital.
- 3. Cottage Homes for children.
- 4. Boarded-out children.
- 5. Children in institutions.
- 6. Adults in institutions.
- 7. Assistance to the blind and their dependants.
- 8. Assistance in mental cases.

In the Council's scheme it was arranged to transfer all assistance possible from the Poor Law. The last six of the above items were so transferred and an account of the work in 1933 in connection with maternity and child welfare, blind persons and mental treatment will be found in those sections of this report. The possibility of transferring the hospital from the Poor Law is under consideration as suggested by the Ministry.

#### GENERAL ASSISTANCE.

In accordance with the Council's administrative scheme under the Local Government Act, 1929, an index register has been kept of all persons who have received assistance from any Committee or Sub-Committee of the Council. A card index of all persons receiving public assistance through the Sanitary and Public Health Department has been duly kept and a weekly return rendered of all those receiving such assistance. Each weekly return was a complete record of all persons receiving assistance through this department. The total number of entries sent to the Public Assistance Officer was 17,121, or an average of 329 weekly. Some of these entries were of a continuing nature, such as institutional treatment and weekly supplies for a period. The number of individual persons assisted during the year was 1,279, and the number of entries for recording on the card index of this

department as well as the central index was 4,017. The principal entries related to cases receiving public assistance in the form of institutional treatment under the following headings: Mental Defectives, Maternity and Child Welfare, Tuberculosis, Orthopaedic and Infectious Diseases; to relief in cash and in the form of supplies under the Blind Persons Act; supplies of new milk, dried foods, etc., in cases of Maternity and Tuberculosis; and matters pertaining to Boarded-out Children.

Detailed summaries of the work will be found in this report and in my report as School Medical Officer, under the respective headings—Tuberculosis, Maternity and Child Welfare, Blind Persons, Mental Defect, School Clinic, etc.

The arrangements for treatment of persons for illnesses in their own homes continues under the Public Assistance Committee as it was carried out under the Guardians. The Borough is divided into two areas, each having a part-time Medical Officer.

#### ST. MARY'S HOSPITAL.

This hospital was transferred to the Council on April 1st, 1930.

It remains at present under the Poor Law and has not been "appropriated" but this is under consideration.

The Hospital is now a full training school for nurses. Until July 1st, 1933, it was a preliminary training school and on that date started as an approved full training school.

There has been an increase in the number of beds by the transfer on November, 1st. of the "Nursery" to the Hospital Twenty one extra beds for children were thus provided.

The number of beds available is as follows:—

mamber of bed.	5 a valle	ibic 15 c	to rome	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For men				50*
For women				102*
For maternity	cases			6
For children				41
For general in	firm			17
For isolation i	n mate	ernity v	vard	1
				217

<sup>\*</sup> These totals include two beds for males and two for females in huts.

Twelve beds are retained for cases belonging to the County of East Sussex, part of which adjoining Eastbourne formed a portion of the now defunct "Eastbourne Union."

The staff of the hospital in 1933 was as follows:-

Medical Officer.—Dr. H. R. McAleenan.

Deputy Medical Officer.—Dr. E. Bramley.

Consulting Surgeon.—Mr. E. A. Fiddian.

Supt. Nurse.—Miss M. Letheren.

Asst. Supt. and Home Sister.—1

Sister Tutor.—1

Night Sister.—1 (temporary).

Massage Sister.—1 (non-resident).

Ward Sisters.—5

Staff Nurses.—3 (2 temporary).

Assistant Nurses.—2 (temporary).

Probationers.—31.

By the arrangement whereby the hospital has become a complete training school it is hoped to do away with "temporary" nurses except occasionally on emergency. A reduction in numbers of temporary nurses who are expensive and often not satisfactory has already occurred.

The following statistics are prepared from figures supplied by the institution staff weekly. They relate to the above hospital for the period 1st January to 31st December, 1933 namely:—

TOTAL CASES.

	Males.	Fe- males.	Chil-dren.	Total.
In Hospital on 31st December, 1932	46	93	17	156
Admissions	335	520	312	1167
Discharges	253	393	258	904
Deaths	82	121	17	220
Remaining in Hospital on 31st December, 1933	46	99	54	199

The following table relates to cases belonging to the county and are included in the total cases in the above table:

	Males.	Fe- males.	Chil- dren.	Total.
In Hospital on 31st December, 1932	4	5	1	10
Admissions	14	31	15	60
Discharges	13	24	15	52
Deaths	3	7	_	10
Remaining in Hospital on 31st December, 1933	2	5	1	8

From the 1st January to 31st December, 1933 there were 64708 patient days for the total cases, made up as follows:—

	Males.	Fe- males.	Chil- dren.	Total.
Number of patient days for patients remaining in the Hospital on 31st December, 1933		16714	3100	24050
Discharges	7753	15604	8311	31668
Deaths	3594	5078	318	8990
Totals	15583	37396	11729	64708

The average stay of the 1124 patients who were discharged or died during the period 1st. January to 31st December, 1933 was 36 days.

The number of patient days for the cases belonging to the county, included in the above table, are as follows:—

	Males.	Fe- males.	Chil- dren.	Total.
Number of patient days for patients remaining in the Hospital on 31st December, 1933		530	84	654
Discharges	447	1277	651	2375
Deaths	174	505	_	679
Totals	661	2312	735	3708

The average stay of the 62 patients from the county who were discharged or died during the period 1st January to 31st December, 1933 was 49 days.

Of the 199 patients remaining in the hospital on the 31st December, 1933, 12 were in the hospital on the 1st April, 1930, 4 additional patients were in the hospital on the 31st December, 1930, 3 additional patients on the 31st December, 1931, and 10 additional patients on 31st December 1932. Of these 29 patients, 3 were males and 26 were females.

The following table shows the classification of the accommodation for the sick and the number of beds occupied on the 31st December, 1933:—

# BEDS.

_							
	al.	Occupied	129	48	7	6	193
	Total.	Provided	152	41	9	17	216
	(under of age).	Occupied		48c			48
	Children (under 16 years of age).	of Wards. Provided Occupied Provided Occupied Provided Occupied Occupied		41		-	41
	nem.	Occupied	839		7	9a	66
	Women.	Provided	102		9	17	125
	n.	Occupied	46a		1	1	46
	Men.	Provided	50			1	50
	Number	of Wards.	16	9	_	_	24
	30.	Vards.	Medical, Surgical and	Children	Maternity	General Infirm	Total

a This total includes 2 cases chargeable to the County.

b This total includes 3 cases chargeable to the County.

c This total includes 1 case chargeable to the County.

Total cases, 193.

Note.—Six infants in cots in the Maternity Ward are not included in the above figures. One labour bed and one isolation bed in the Maternity Ward are also not included in the above number of beds.

#### IN-PATIENTS.

- 1. Total number of admissions, 1167 (including infants born in the hospital).
- 2. Number of women confined in the hospital, 74.
- 3. Number of live births, 72 (including 2 sets of twins).
- 4. Number of still births, 4.
- 5. Number of deaths among the newly-born (i.e., under four weeks of age), 3.
- 6. Total number of deaths among children under one year, 12.
- 7. Number of maternal deaths among women confined in the hospital, 2.
- 8. Total number of deaths, 220.
- 9. Number of patients discharged, 904.
- 10. Average duration of stay of patients included in 8 and 9 above, 36 days.
- 11. Duration of stay of patients included in 8 and 9 above. Number of cases whose total stay was for the following periods:—

	Dis	SCHAR	GES.	I	Эеатн:	s.	Total
	М.	F.	C.	M.	F.	C.	Total
(a) Four weeks or less	163	215	174	49	80	13	694
(b) Exceeding 4 weeks, but under 13 weeks.	75	138	69	18	26	3	329
(c) Exceeding 13 weeks.	15	40	15	15	15	1	101
Totals	253	393	258	82	121	17	1124

- 12. Number of beds occupied (a) average during the year, 172; (b) highest, 199 on 31st December; (c) lowest, 148 on 26th August.
- 13. Number of surgical operations under general anaesthetic excluding dental operations), 123
- 14. Number of abdominal sections, 43.

#### OUT-PATIENTS.

1. Nature and scope of the out patient provision for continuation of treatment, emergency treatment, consultations or otherwise:—

Out-patient provision generally does not exist. Exceptions are as follows:—

- (a) Continuation of such treatment as massage, electrical and light. Fomentations.
- (b) Occasional emergency such as an accident.
- 2. Total number of persons seen in the out-patient department, 83.
- 3. Number of these persons who were admitted to in-patient treatment in the hospital, 11.
- 4. Number of these persons who had received in-patient treatment in the hospital 37.
- 5. Total number of attendances in the out-patient department, 1564.

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR DIED IN THE HOSPITAL DURING THE PERIOD IST JAN. 10 31ST DEC., 1933, TOGETHER WITH THE NO. OF PATIENT DAYS.

			DISCHARGES.	RGES.		-			DEA	DEATHS.		
	M.	Pat ients. F.	s. C.	Pat M.	Patient Days.	ys. C.	M.	Patients. F.	·	Pat M.	Patient Days.	ys. C.
Acute Infectious Disease	15 I I S	3	C8 14	223	49	73	0.01	нн		37	9 I	11
Tuberculosis—		4	1		138	1 9	61		1	50		-
Non-Pulmonary Malignant Disease	] m	12 2	1	148	393	378	121	15		629	626	
Rheumatism—	1	~	н	-	150	62		1	1	1	1	
1. Acute Kneumatism 2. Non-articular Manifestations	7	9	١ '	183	219	}	7	61 (	1	42	251	1
3. Chronic Arthritis	∺   : :	"		33	1 2	1 1		63			103	1
		8		1	45	1		1	1	1		1
H. Puerperal Fever— (a) Women Confined in the Hospital			1		1	1	1	1	ļ	-	-	i
(b) Other Cases	:	61	i	1	83	1	1	I	1			
Other Diseases and Accidents connected with Child-bearing	:	23	I	I	675			3	i	1	2 I	1
Mental— (a) Senile Dementia	1	61		1	23		1	1	1	1	1	1.
(b) Other	I5	15	İ	211	366		÷ (	~	I	223	440	49
Senife Decay		2,0	:	202	T 200	000	01 0	5,0	1 1	323	705	
Violence System and Sense Organs	26	300 %	40	1020	1755	399	27	29	H	317	181	37
Disease of the Respirate	9+	23	32	1375	834	897	17	20	6	430	371	77
	35	H	- 1	1300	2666	0	20	0+	Ι.	500	0101	i '
	33	1 80	45	562	1535	150	رد در د	\ v	н	107	477	× =
Disease of the Skin	01	00	25	410	404	1353	1	۱ د	۱ ٔ	2		۱
T. Mother Diseases	61   · ·	26	21	10+	166	1150	61	10	寸	29I	\$5	133
	-	99	pa		2068	30		I	-	1		1
Infants	1	3	63			1474	1	1	1	1		1
U. Any persons not falling under any of above headings			91		1	324	1	1	1	1	1	1
Totals	253	393	25.8	7753	15604	8311	00 2	121	17	3594	5078	318

THE FOLLOWING TABLE RELATES TO THE CASES BELONGING TO THE COUNTY WHICH ARE INCLUDED IN THE TOTAL CASES IN THE TABLE IMMEDIATELY ABOVE.

Acute Infectious Disease Influenza Malignant Disease Rheumatism— Non-articular Manifestations	Ğ,											
tions		ratients.	•	Pati	Patient Days.	ays.		Patients.	ts.	Pat	Patient Days.	ays.
tions	M.	F	C.	M.	표.	C.	M.	Ti.	C.	M.	ĹŢ,	C)
tions			-				1				1	
 anifestations	_			7	:		'	<u> </u>		1 9	- 0	
ar Manifesta	<del></del>	က	1	16	142	1	_	<b>→</b>		128	240	
	_			11				1	1			
Other Diseases and Accidents connected		,			Č			-			-	
with Pregnancy and Childbirth		<b>—</b> ,	1		47.			_			<b>→</b>	
Mental Diseases	0	<b>⊣</b> c	1	11	001		1			]		
Accidental Injury and Violence	4	1		20	1	_						
	-	က	1	29	397		1	_			96	1
Disease of the Respiratory System	_		1	25				_			17	1
ease of the Circulatory System	က	_	1	172	71	:	(	<u> </u>		9	<u> </u>	
Disease of the Digestive Šystem		01	,	27	118	46	27	_		46	94	
Disease of the Genito-Urinary System		61	01	;	14	120		1				
Disease of the Skin	1	'	, , ,	55	19	14	1	1	1			
	_	<u> </u>	_	000	3	1/3			1	1	1	}
Mothers and Infants discharged from Maternity Wards and not included in												
	_				1							
Mothers	1	$\infty$	'		286					ı	ı	
Infants	1		ာ			297						
Totals	13	24	15	447	1277	651	co	7		174	505	]

# ST. MARY'S INSTITUTION AND HOSPITAL.

# NIGHT OF DECEMBER 31st, 1933.

#### Institution.

					County cases not included in previous	
Number of al	ble bodie	ed inm	ates—		column.	Total.
Males				42	5	47
Females				36	3	39
Children					_	
Number of ir	nfirm (no up)—	t in h	ospital			
Males				14	4	18
Females				11		11
				103	12	115
		1	Hospita	ıl.		
Number of i	inmates	nati	onte		County cases not included in previous column.	Total.
Males	mmates-	—ран	cirts—	44	2	46
Females				87	3	90
Children				22	1	23
Children	,			31		31
Number of in	•					
Males				_	_	
Females				7	2	9
				191	8	199

# Total, 314 (including 20 county cases).

# SALARIED STAFF (FULL-TIME).

	Institution.	Hospital only.	Jointly Hospital and Institution.
Male (resident)	 	*******	4
Male (non-resident)	 	1	12
Female (resident)	 2	46	4
Female (non-resident)		24	14

# SALARIED STAFF (PART-TIME).

		Institution. only.	Hospital only.	Jointly Hospital and Institution.
Male (resident)				
Male (non-resident) .			_	2
Female (resident) .		_		_
Female (non-resident)		_	2	_
	I	NMATE STAF	F.	
		Institution only.	Hospital only.	Jointly Hospital and Institution.
Male		_		1
Female				

# OTHER INSTITUTIONAL TREATMENT.

### ADULTS.

The following adult cases received institutional treatment during 1933 viz.:—

Name of Institution.	at er	tients nd of 932.		itted ing 33.		ving nent at 1933.
		F.	М.	F.	М.	F.
Epileptic Col'ny, Chalfont	2			_	2	
Meath Home for Epilep-	_	1	_	_	_	1
tics Godalming. David Lewis Colony, Sandle Bridge.	-	1			_	1
Metropolitan Convalesc't Home, Bexhill.	-	_	1	_	-	-
Radium Institute, London.		_		1	_	_
Royal Nat. Orthopaedic Hospital, Stanmore.			1		1	
Totals	2	2	2	1	3	2

#### TUBERCULOSIS.

The number of cases of this disease in Eastbourne on the books at the close of 1933 was 261. Of these, 199 were pulmonary cases and 62 non-pulmonary cases, 4 less of the former and 1 less of the latter than at the end of 1932.

There was thus a slight drop in the number of cases in 1933. The drop in the total in the past ten years amounts to 142 or 35.2 per cent.

In the 58 new cases there was definite family history of the disease in 13 pulmonary and 3 non-pulmonary cases. In 11 pulmonary and 1 non-pulmonary cases there was no family history of Tuberculosis. In the other cases no definite history could be obtained.

The 85 notifications tabled later in the report are corrected by the elimination of 27 duplicate notifications. There are, no doubt, some early cases not notified and in six instances the first notification received was after the death of the patient.

Owing to the very free provision of assistance in Eastbourne by dispensary, sanatorium and hospital provision, there is every inducement for tuberculous persons to make their condition known.

The 41 deaths from this disease are tabled in the subsequent report. Although the deaths from pulmonary tuberculosis (35) were the highest since 1928, they were below the average (36.3) of the previous ten years. The deaths from non-pulmonary tuberculosis numbered six and were also below the average (7.6) of the previous ten years.

During the year the Inspector of the Ministry of Health visited the Borough to investigate the anti-tuberculosis work of the department. It was suggested that more X-ray examinations might be made with advantage, especially with a view to early diagnosis, and that more adult contacts of tuberculous patients should be encouraged to attend the clinic. In the case of the former, additional provision has been made in the estimates for this work. During 1933, 22 X-ray examinations of tuberculous patients were made through the department and others privately and through

the hospitals. As regards contacts, special efforts were made to induce more of them to attend for examination. In the case of children, little difficulty has ever been experienced, but in the case of adults the efforts were not very successful. Altogether 18 attended and more were examined by their own medical men, some of whom do not approve of their patients being requested to attend the dispensary. Three of the new cases of pulmonary tuberculosis occurred where there was already a case in the family. There are still cases where no persuasion can obtain proper isolation and others where housing difficulty does not permit. There was an increase of 28 or 15 per cent. in the number of specimens of sputum sent for examination.

The death-rate from pulmonary tuberculosis for the year 1933 was 0.61 per 1,000.

Cases shown as "new" cases in this report are cases who have never been notified before in any district. For the Registrar-General's figures, a case which has not previously been notified in the sanitary district is a "new" case.

NOTIFICATIONS DURING 1933.

Eighty-five notifications were received as follows:—

	Pulm M.	onary. F.		on- nonary. F.
Diagnosis not Confirmed	_	1	1	1
Duplicate Notifications	1	1	_	_
Transfers from other Districts—				
By Practitioners	9	6	_	_
By Medical Officers of Health and	5		1	1
T.B. Officers. Inwards Transferable Deaths	1	_	_	_
Local Registrar—Death Returns	_	_	_	1
Posthumous Notifications	1	1	2	2
New Cases—By Practitioners	25	16	5	4
Totals	42	25	9	9

Four of the 58 new patients were temporary visitors.

The numbers of notifications in recent years, after exclusion of duplicates, were as follows:—

		Pulmonary.	Non-Pulmonary.
1933		44	14
1932		37	21
1931		41	15
1930		49	16
1929		47	21
1928		49	15
1927		68	25
1926		92	28
1925		69	21
1924		104	14
1923		149	57
1922	• •	116	25
1921		93	41

Excluding the duplicates and notifications of cases transferred from other districts which had been previously notified, the sexes and ages of the 58 new cases not previously notified were as follows:—

89
(a) Pulmonary Tuberculosis, 44.

Age	es.		Males.	Females.	Total.
Under 1			_		
1—5		٠.	_		_
5—10	• •		_	_	_
10—15		• • 1	1	_	1
15—20			—	1	1
20—25			6	3	9
25—35	• •		2	1	3
35—45			8	4	12
45—55	• •		6	4	10
55—65			2	2	4
65 and over		• •	2	2	4
	Totals		27	17	44

# (b) Non-Pulmonary Tuberculosis, 14.

Age	s.	Males.	Females.	Total.
Under 1		 _	3	3
1—5		 3	_	3
5—10		 _	2	2
10—15		 _		<u> </u>
15—20	• •	 1	1	2
20—25		 		_
25—35		 2	1	3
35—45		 		
45—55	• •	 	_	_
55—65		 1	_	1
65 and over		 _	_	
1	Totals	 7	7	14

The following are particulars of cases transferred from other districts and notified during the year either by local practitioners or Medical Officers of Health, viz.:—

Ages.		1	Pulm	onary.		on- onary.	Total.
Ages.			Males.	Females	Males.	Females	Total.
Under 1			_		_	_	
15			_		_	-	_
5—10			_	_	_		
10—15			_	_	_	- 1	_
15—20			_		1		
20—25	• •		_	3	_	_	_
25–35			8	1	_	1	_
35—45			5	2	_	_	_
45—55			1	_	_	_	_
55—65			_	_	-	_	
65 and over			_	_	_		_
Totals			14	6	1	1	_

In the early days of notification there were many deaths from Tuberculosis recorded where the cases had not been notified during life. In 1933, excluding Eastbourne cases dying in institutions away from the Borough and temporary residents, there were but two instances in which notification was not recorded before death. These were in respect of two non-pulmonary cases, one dying at the local General Hospital and the other was a practitioner's case.

Eight of the pulmonary cases were fatal within three months of notification, viz.:—

Within one month .. . . . 5

Within one ii	IOIICII		• •		
Within two n	nonths				2
Within three	month	S			1
					_
					8
					0
	-				
	-Pulmo			ES.	
	(New c	ases,	14).		
Localization of disease	:				
Males—					
Miliary T.B.				2	ages 1, 3.
Cervical glands					*
T.B. meningitis					_
Bladder and proba					
Right hip				1	age 63.
				-	
Total				7	
Females—					
T.B. meningitis				2	ages 6 & 11 mths.
Miliary T.B.					age 7 months.
Cervical glands					age 7.
Tabes mesenterica					ages 8, 19.
		• •			
Peritoneum	• •			1	age 34.
				-	
Total				7	
Non-	-Pulmo	ONAR	y Casi	ES.	
(Transferred	from of	ther o	listrict	s,	2 cases).
Localization of disease	:				
Male—					
T.B. peritonitis				1	age 19.
Female—		• •	• •	Î	20.
				4	00
Cornea	• •	• •		1	age 33.
Position of the Bor	ROUGH	AS R	EGARD	s '	TUBERCULOSIS AT
T	HE ENI	OF	1933.		
Cases at end of 1932		•		•	266

Add—							
1. Notified ca	ases pre	viously	remov	ed fro	m reg	ister,	
since retu							6
2. Notification	ns in 19	33				85	
Less—Du	plicates	S			2		
Dia	agnosis	not con	nfirmed		3		
	ansfers				22		
						27	
Total nev		_		notifie	ed		58
Transferred							
(1) Notifi	0 1					15	
(2) Other	wise					7	
						_	22
Deduct—							352
1. Deaths—	,	. 4	, .				
(a) From pr		ry tube	rculosis-	_			
Residents			00				
Males		• •	22				
Female	S		13	0.5			
Visitons			_	35			
Visitors—			0				
Males Female			2 1				
гешае	5	• •	1	3			
(b) Non-pul	lmonary			3			
Residents							
Males			3				
Female		• •	3				
I ciliare	5	• •		6			
Visitors—	_						
Males			2				
Female	S		1				
			_	3			
					47		
(c) Deaths	of tuber	culous	persons	dying			
from othe							
Residents					2		
						49	

2.	Cases left the town			24	
3.	Cases in which disease was arrested	ed	• •	12	
4.	Cases lost sight of		• •	2	
5.	Diagnosis not confirmed				
	(notifications previous to 1933)			4	
					91
	Total cases at end of 1933				261

The following is a summary of the above cases:—

	Males.			FEM		
	In- sured.	Non- in- sured.	Ex-ser. (Ad-mitted).	In- sured.	Non- in- sured.	Total.
Pulmonary	56	27	24	45	47	199
Non-Pulmonary	8	15	_	13	26	62
Total	64	42	24	58	73	261

The number of cases at the end of 1933 was five less than at the end of 1932.

The following are particulars of cases lost sight of and left the town during 1933:—

		MALE	s.	FEM		
	In- sured.	in-	Ex-ser. (Ad- mitted).	In- sured.		Total.
Notified Cases— Pulmonary Non-	 5	5		6	8	24
Pulmonary	 1		_	1		2
Total	 6	5		7	8	26

#### ARREST OF DISEASE.

The following is a summary of the 12 cases which have been removed from the register of notifications during 1933 as cases in which the disease has been arrested, and also seven cases in which diagnosis was not confirmed:—

		Males	S.	FEM		
		in-	Ex-ser. (Ad- mitted).			Total.
Notified Cases:— Pulmonary	3	a1	2	2	b4	12
Non-Pulmonary		a1	_	a1	<i>b</i> 5	7
Total	3	2	2	3	9	19

- (a) Each of these figures include 1 case in which diagnosis was not confirmed (3 cases).
- (b) These figures include 2 cases in which diagnosis was not confirmed (4 cases).

#### AFTER HISTORY OF CASES NOTIFIED DURING 1933.

Left the town	 	 7
Fatal	 	 19
Duplicate notifications	 	 2
Died of other diseases	 	 1
Diagnosis not confirmed	 	 3
Still on the register	 	 53
		85

RESULT TO DATE AS TO CASES NOTIFIED FROM THE 1ST JANUARY, 1912, TO THE 31ST DECEMBER, 1933.

Left the town				741
*Fatal				1005
Duplicate notifications				138
Died of other diseases				55
Disease arrested, includi	ing ca	ses in w	hich	
diagnosis not confirm	ed			397
Not traceable				88
Still on the register				261
Total notifications				2685

<sup>\*</sup> Note.—Some of the cases marked in the register as "Fatal" have died from diseases other than Tuberculosis.

# DEATHS FROM TUBERCULOSIS.

The following are particulars of the deaths from tuberculosis (excluding visitors) during 1933:—

		MALI	ES.	FEM		
	In- sured.	in-	Ex-ser. (Ad-mitted).	In- sured.	Non- in- sured.	Total.
Pulmonary	13	6	3	10	3	35
Non-Pulmonary	2	1	pro-color-to		3	6
Total	15	7	3	10	6	41

The following are particulars of the sexes and ages of Eastbourne persons who died from tuberculosis during 1933, viz.:—

Age Period.			Pulm	onary.	Non-Pulmonary.		
			Males. Females.		Males.	Females.	
Under 1			_		The state of the s	2	
1-5			-	~	1	-	
5-10			_	_	-	-	
10-15		• •	~	-	-	-	
15-20			-	-	1	_	
20-25			_	3	-	-	
25-35			5	4	_	_	
35–45			6	5	1	1	
45-55		• •	8	1	-	-	
55-65	• •	• •	1	_	-	****	
65 and over			2	-	-	-	
Totals	• •	• •	22	13	3	3	

Excluding the deaths of six visitors and including the deaths from tuberculosis of Eastbourne persons temporarily out of the Borough, there was a total of 41 deaths—35 from pulmonary tuberculosis (22 males and 13 females) and 6 from non-pulmonary tuberculosis (3 males and 3 females). The death-rates were as follows:—

Pulmonary tuberculosis .. 0.61 per 1,000. Non-pulmonary tuberculosis .. 0.11 per 1,000. All forms of tuberculosis .. 0.72 per 1,000.

The male death-rate from "Consumption" was 0.96 per 1,000 and the female 0.38 per 1,000. The ex-service men's deaths numbered 3 (3 pulmonary).

The deaths in the last ten years have been as follows:—

	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924
Pulmonary .	35	34	26	30	31	43	37	43	44	37
Other forms .	6	7	11	5	7	12	8	6	4	7
Total .	. 41	41	37	35	38	55	45	49	48	44

In accordance with Circular 648 of the Ministry of Health, the following particulars of new cases of tuberculosis and of deaths from the disease in the area, whether of Eastbourne persons or not, during 1933, are given, viz.:—

			New Ca	ises 58.			Dea	ths.	
Age		Pulm	onary.		on- onary.	Pulme	onary.		on- onary.
Period.		Males.	Fe- males.	Males.	Fe- males.	Males.	Fe- males.	Males.	Fe- males.
Under 1		_			3	_	_	_	3 <i>a</i>
1-5		_	_	3	_		_	2a	_
5-10		_	-	_	2	_	_	_	
10-15		1			_	-		-	_
15-20			I	1	1	-	_	1	
20-25	٠.	6	3	_	_	1 <i>a</i>	3		
25–35		2	1	2	1	5	5 <i>a</i>	1 <i>a</i>	
35-45		8	4	_	_	7a	5	1	1
45-55		6	4	_	_	8	1	-	
55-65		2	2	1	_	1		_	_
65 & over	r	2	2	_	_	2		_	_
Totals		27	17	7	7	24	14	5	4

<sup>(</sup>a) Each of these figures includes 1 visitor (total 6).

# BACTERIOLOGICAL WORK.

In the laboratory	301 exami	ination	is of sput	um were ma	ade:—
			Positive.	Negative.	Total.
For practitioners	and dispe	nsary			
patients			48	167	215
For hospital			58	28	86
~					
			106	195	301

#### INSTITUTIONAL TREATMENT.

#### GILDREDGE HOSPITAL.

Administrative Medical Officer: Dr. W. G. Willoughby.

Clinical Medical Officer: Dr. D. G. Churcher.

Matron: Miss A. Strugnell.

Owing to the possession by the Council of their own hospital and the use of other institutions, there has been practically no waiting list throughout 1933. Temporary arrangements at St. Mary's Hospital or elsewhere can almost always be made. During 1933 it was possible to admit all the male patients to the Gildredge Hospital without waiting for a bed with two exceptions who were kept waiting nine and sixteen days respectively. In the case of the females, five were kept waiting for admission to the Gildredge Hospital, two of these receiving treatment in St. Mary's Hospital while waiting, and of the other three the longest time on the waiting list was 19 days. There have been vacant beds at the Gildredge Hospital from time to time.

During 1933 three pulmonary patients were accommodated at St. Mary's Hospital pending admission to the Gildredge Hospital. There are out-door shelters for such cases if necessary.

# (a) GILDREDGE HOSPITAL. STATISTICS, 1933.

		MALE	S.	FEM	ALES.	
		in-	Ex-ser. (Ad- mitted).	In-	Non- in- sured.	Total.
In Hospital at end of	7	4		8	4	23
Admitted 1933	18	8	1	8	10	45
Died	6	3	1	6	2	18
Discharged	12	5		4	8	29
In Hospital at end of 1933	7	4	_	6	4	21

CLASSIFICATION OF PATIENTS IN GILDREDGE HOSPITAL.

		Cla	Classification on Discharge.	n Discharge.		
	Stationary.	Stationary. Improved. Improved.	Greatly Improved.	Worse.	Fatal.	Hospital at end of 1933.
Males—Classification at end of 1932.						
		н	တ	]		1
Intermediate (4)	1		<del></del>		7	<del>,</del>
Advanced (3)			21		_	
Classification on Admission during 1933—						
Early (9)			5	Н		9
Intermediate (11)	_	-	4	1	011	თ •
Advanced (6)	1		}		٥	_
Observation (1)						
Classification at end of 1932—						
Early (5)		}.	-		ಣ	_
Intermediate (6)			4	]	_	
Advanced (1)						1
Classification on Admission during 1933—			,		:	c
Early (6)		]	~	1	24	က
Intermediate (6)	_		7		(	က
Advanced (5)			<b></b>	ļ	27	21
Observation (1)	]		-			

#### GILDREDGE HOSPITAL.

David 1 1 1 1 1000	Α	dults.	Clin	Whoie
Perio 1: 1st April, 1933, to 31st March, 1934.	Men.	Women.	Child- ren.	Institu- tion.
Average number of beds provided at the Institution				
during the year  Number of patient days during	12	12		24
the year	3152	4060		7212
occupied during the year		11	_	20

Classification of cases discharged (or died) during the year, expressed as a percentage of the total cases discharged (or died):—

(a)	Observation	 		6.3	per	cent.
(b)	Pulmonary	 		93.7	per	cent
(0)	Non-Pulmonary				7	Vone

Average percentage of "bed" cases ... 63 per cent. (Males, 48 per cent. Females, 74 per cent.).

This hospital is strictly a hospital and not a sanatorium. Its accommodation is just equal to Eastbourne requirements; as a rule there is a bed available.

The total cost of the hospital from April 1st, 1933, to 31st March, 1934, including loan charges, was £3,271.

From April 1st, 1933, to March 31st, 1934, there were 7,212 patient days, viz., Males, 3,152; Females, 4,060. The patient days included 4,532 "bed" days, made up as follows: Males, 1,517; Females, 3,015. Each patient cost £3. 2s. 6d. per week. The income from patients was £50 and the contribution by the Treasury for ex-service "admitted" cases was £20.

The cost of food for patients and staff amounted to 8/11 each per week.

I submit a record of cases since the hospital was opened:—

Hospital opened ... ... 27th July, 1914. Date of admission of first patient ... 29th July, 1914. Number of admissions from the 29th July, 1914, to the 31st December, 1933 ... 1111

Males
Females 441 —— 835
Number of patients admitted once only 649
Twice 125
Three times 41
Four times
Five times 3
Six times
— 835
HISTORY OF GILDREDGE HOSPITAL PATIENTS.
Died in the hospital (from T.B.)
Died in the hospital (from other causes) 2
Died after discharge (from T.B.)
Died after discharge (from other causes) 18
Still in the hospital
Left the town
Not traceable
Admitted for observation only 24
Children at school
Working or able to work
Not working or not able to work 26
Disease arrested (besides those working) 68
In other hospitals 1
835

The following is the report of Dr. Churcher, the Medical Officer attending the patients at the Gildredge Hospital:—

"During the year the accommodation in the Gildredge Hospital has been well utilised—at one time a few beds vacant, at another a short waiting list. In the treatment of cases more use of X-rays has been made than formerly. Six cases have had pneumothorax treatment. One case was sent to Brompton Hospital for phrenectomy. The severity of the type of disease occurring in young women was

striking. A large number of all cases were of an advanced type. The institutional treatment of such cases appears to be of great value in hindering the spread of tuberculosis and so helping materially towards the control of this disease."

# (b) Other Institutions. (Treatment arranged by Local Authority). Statistics, 1933.

		Males.		FEM	ALES.	
	In- sured.	Non- in- sured.	Ex-ser. (Ad- mitted).	In- sured.	Non- in- sured.	Total.
In Institutions at end	2	4	_	1	1	8
of 1932 Admitted 1933	4	3		3	1	11
Died	_				_	_
Discharged	3	3	_	1	1	8
In Institutions at end of 1933	3	4	_	3	1	11

The cost of sending patients to these institutions was £534. 3s. 2d. Only small contributions were made in one or two cases by the patients or their relatives.

Return showing the immediate results of treatment of definitely tuberculous patients discharged from Residential Institutions approved for the treatment of tuberculosis during the year 1933.

ticn	tion.			Du	ration	of F	Reside	ential	Trea	tmen	ıt in t	he In	stitu	tion.	
Cassification on admission	to Institution.	Condition at time of Discharge.		Under Mont	3 is.	2	3-6 Month	ns.	1	6-12 Montl			ore t 2 Moi		Tot al.
o o	to I		М.	F.	Ch.	M.	F.	Ch.	М.	F.	Ch.	М.	F.	Ch.	al.
IS. Class T.B. Minus		Quiescent  Not Quiescent  Died in Institution				-  -  -		_ _ _	_ r		_		_ _ _		7 1
SOT	Group I.	Quiescent  Not Quiescent  Died in Institution	3		_ _ _	3 —			_ r		_	_ _ _	_ _ r	- - -	8 5
PULMONARY 7	Group 2.	Quiescent  Not Quiescent  Died in Institution		I	_					3	 	I	2	 	12
Plus	Group 3.	Quiescent  Not Quiescent  Died in Institution  Totals (Pulmonary)		1 2 5	_			_		- I -					5 8
SIS. Boncs	ding joints	Quiescent  Not Quiescent  Died in Institution		_	2	_	_		_			_	-		2 I
NON-PULMONARY TUBERCULOSIS. Peripheral Abdominal.	-	Quiescent  Not Quiescent  Died in Institution  Quiescent  Not Quiescent  Died in Institution										- - - - -			
		Totals (Non-Pulmonary)	-		2	-	-	I	-1		-	-		-	3

Of the 58 new cases not previously notified, 41 received institutional treatment during the year, or 71 per cent. Twenty-four received treatment in the Gildredge Hospital, 7 in St. Mary's Hospital, and 3 others were provided treatment by the Council in other institutions. The treatment for the remaining 7 cases was not made through the Council. In addition, 3 pulmonary cases who transferred to the town during the year also received institutional treatment, at the Gildredge Hospital.

Institutions Receiving Eastbourne Patients during 1933 whether through the Authority or Privately.

Name of Institution.	ater	tients ad of 32.	Adm durin year		Rece treatmend of	ent at
	Males	Fe- males	Males	Fe- males	Males	Fe- males
Gildredge Hospital	11	12	27	18	11	10
Brompton Hospital, L'don	1		2	<b>→</b> 、		_ ^
St. Mary's Hospital, East-	1	1	7	16		1
bourne. Princess Alice Hospital,		_	10	2	_	_
Eastbourne. Grosvenor San., Ashford	1	1		2	_	1
Royal National Orthopae-	2	1	3	3	3	3
dic Hospital, Stanmore Eversfield Chest Hospital,		_	_		_	- 1
St. Leonards-on-Sea. King Edward VII. Sana-	. —		_	2	_	1
torium, Midhurst. Infectious Diseases Hos-	_	_	1	_		_
pital, Eastbourne. St. Dominic's Priory, Pors	- 1	_	_		1	<b>→</b>
bourne Park. Preston Hall, Aylesford	_	_	2		2	
St. Michael's Home,	_		_	1	_	-
Uxbridge. St. Peter's Home, Mortimes	r. —	_	_	1	_	1
Place, N.W. Totals	. 18	15	52	45	17	17

# TUBERCULOSIS DISPENSARY—Town Hall.

Males: Tuesdays, 11 a.m.; Medical Officer, Dr. W. G. Willoughby. Females: Thursdays, 11.30 a.m., Dr. D. G. Churcher. Special times by appointment.

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1933.

		Pulme	Pulmonary.		Non-Pu	Non-Pulmonary.	I	Total.
	Tb.	Tb. Minus.	Tb	Plus.				
	Adults.	Children.	Adults	Children.	Adults.	Adults. Children.	Adults.	Children.
Number of Persons on Dispensary Register on 1st January, 1933	53	11	73	-	10	31	136	43
Add—Old Cases returned to Register	3			Management of the Control	9		7	П
Cases transferred from other areas New cases during 1933(definitelyT.B.)	4.0	-	28 28		3	8	34	4
\$ { { }	99	12	106		13	35	185	48
to T.B. Plus	-		7			- Landania		l
						1	1	ı
	65	12	107	prod	13	35	185	48
Register for the following reasons—  (a) Left the town  (b) Fatal	10 4		5 27		-		10	-
(c) Lost sight of or otherwise removed from Register (d) Arrested	==	1 2	61	1 i	7 7		ю <del>4</del>	8181
Total cases taken off Register	10	4	35		4		49	10
Cases remaining on Dispensary Neglister, 31st December, 1933	55	000	72	-	6	34	136 25	43
				The same of the sa			18	102

RETURN SHOWING THE WORK OF THE DISPENSARY DURING 1933—Continued.	
Number of attendances at the dispensary (including contacts)—	
Adults 226	
School children 199	
<del></del> 42	25
Total number of visits by nurses or health visitors to	
homes	75
	88
Specimens of sputum examined	37
Number of attendances of non-pulmonary cases at	
orthopaedic out-stations for treatment or super-	
vision 11	2
Number of X-ray examinations made in connection	
with dispensary work—	
Chest 9	
T.B. orthopaedic 5	
	14
Number of patients to whom dental treatment was given	
at or in connection with the dispensary	
Number of consultations with medical practitioners—	9
	9
	17
Number of insured persons under domiciliary treatment	1
on 31st December, 1933	5
Number of reports received during the year in respect of	
insured persons—	
Form G.P.36	25
EXTRA NOURISHMENT.	
Council assistance:—	
Eleven males and seven females were receiving extr	2
nourishment in the form of milk on the 31st December, 193	
The amount of expenditure from 1st January to 31	
December, 1933, has amounted to £80. 11s. 7d., which	
equivalent to $f1$ . 8s. $0\frac{1}{4}$ d. per thousand of the population	
the Borough per annum. The total number of person	

assisted during this period was 34, and the total amount supplied was 5,997 pints of milk. The amount of expenditure permitted by the Ministry is £2 for every 1,000 of the population, and this practically permits milk only.

Eleven males and twelve females were receiving extra

nourishment at the end of 1933.

#### CHILDREN'S TUBERCULOSIS CLINIC.

Thursdays, 2.30 p.m.

Medical Officer: Dr. E. H. B. Coghill until 5th June, 1933, and Dr. J. Fenton since 6th June, 1933.

Of the children examined, 5 were suffering from pulmonary tuberculosis or consumption and 24 had tuberculosis elsewhere, as follows:—

Cervical gland	S			 9
Mediastinal gla	ands			 1
Left knee				 1
Spine				 4
Left hip				 1
Sub-maxilliary	gland	ls		 2
Right knee				 1
Abdomen				 4
General T.B.			• •	 1
Total				 24

The following is a summary of the above cases with particulars of the contacts and observation cases examined and the number of attendances:—

Nature Pulmonary—	of Case	<b>&gt;.</b>	umber of Cases ttending.	Number of Attendances.
3.7			 1	5
Old cases			 4	6
Non-pulmonary				
New cases			 3	9
Old cases			 21	45
Contacts			 105	121
Observation cas	ses		 5	13
Totals			 139	199

All the above pulmonary and non-pulmonary cases were school children.

Special attention was paid to examination of school children contacts with pulmonary tuberculosis cases during the year.

Institutional Treatment arranged by the Council.

Children under 15 years of age.	
Males. Fe	males.
Receiving treatment at the end of 1932 3	1
Admissions during the year 3 (a)	2(b)
Discharges during the year 2	2
Deaths in institutions during the year –	_
Receiving treatment at the end of 1933 4	1
Institutions treating cases during 1933:—	
Royal National Orthopaedic Hospital, Stanme	ore—
Males (a)	4
Females	1
Gildredge Hospital, Eastbourne—	
Females	1
St. Dominic's Priory, Porsbourne Park—	
Males	1
<ul><li>(a) One case admitted twice.</li><li>(b) Re-admission of case receiving treatment at end of 19</li></ul>	932.
Nature of cases treated:—	
Observation for pulmonary—	
Female	1
Non-pulmonary—	
Males	5
Female	1
Number of in-patient days, 1,362.	
Extra Nourishment.	
1 700 1 1	C . 1

Two males and two females received 702 pints of milk during the year.

Note.—The particulars relating to the above cases of children are also included in the general tables above.

NURSES' VISITS.

Visits to domiciliary cases, 1,075.

#### GENERAL PARTICULARS.

The Chief Tuberculosis Officer is the Medical Officer of Health, and he is the Medical Officer for the men's dispensary, Dr. D. G. Churcher is Medical Officer for clinical work at the hospital and for the women's dispensary, and Dr. J. Fenton acts as deputy for the Medical Officer of Health, and is Medical Officer for the children's clinic.

The Tuberculosis Nurse is Miss Richnell, who is engaged for 75 per cent. of her time and who otherwise assists in school medical clinics.

The dispensary at the Town Hall is the centre from which the work is carried on. Examinations of children only, have also been made at Acacia Villa, Seaside, on Tuesday afternoons, and at Hampden Park Hall on Mondays.

The following up of doubtful cases is done by the Medical Officers and the Nurse, and contacts are examined at the dispensary and in the clinics.

Tuberculin is only occasionally used. Artificial pneumothorax treatment is carried out in suitable cases. Consultant service is available for throat cases and X-ray is available for diagnosis. In 1933, X-ray examinations were carried out at the cost of the Council for the following cases:—

Dispensary cases	 	 9
T.B. orthopaedic	 	 5
Gildredge Hospital	 	 8

X-ray examinations in some cases had been carried out through their medical attendants before coming under treatment by the Local Authority.

The local Surgical Aid Society has been of assistance in helping to provide surgical apparatus. There has been no difficulty in this respect.

No home shelters have been applied for. No special occupation locally is concerned with the incidence of tuberculosis.

The Open-Air School is acting as a useful preventive of tuberculosis. No case of actual pulmonary tuberculosis is taken there. The additions to the school completed towards the end of 1929 increased the accommodation from 75 to 105. The number of children attending at the end of 1932, admitted during the year and attending at the end of 1933, was 97, 64 and 105 respectively. Of the 97 children at the end of 1932, 6 did not rejoin the school in 1933, and of the 105 at the end of 1933, 17 will not rejoin in 1934.

The co-operation between the General Hospital, St. Mary's Hospital, the Medical Practitioners and the Tuberculosis Officers is cordial. The instructions in the Ministry orders are closely followed and no other special arrangement is made.

Dental treatment at the hospital is kindly carried out by Mr. Turner. Both there and in the dispensary, patients pay as much as they can for dentures, and individuals and societies kindly make up some of the balance.

The special difficulty encountered is the want of suitable employment for tuberculous persons who could do a little work. The general state of unemployment has aggravated this. Housing accommodation for some cases unable to pay an average rent is another difficulty.

Special nursing in the home was not asked for or provided by the Authority during 1933. The hospital deals with the worst cases and arrangements are made for the particular help required by each tuberculous person. Three cases were admitted to the St. Mary's Hospital pending transfer to the Gildredge Hospital. In addition to these cases, 5 pulmonary cases and 8 non-pulmonary cases were admitted to St. Mary's Hospital for the treatment of tuberculosis. There were also the following cases who received treatment at St. Mary's Hospital for the following reasons and who were notified for the first time while there as suffering from tuberculosis, viz.:—

Šex.	Cause for Admission.	Localization of Tuberculosis.	Remarks.
	Gastritis Lobar Pneumonia		Fatal at Gildredge Hospital. Transferred to do.
			Transferred to do.
Female	Influenza	Pulmonary	Ditto. Fatal.
Female	Confinement	Pulmonary	Ditto. Fatal.
Male Female		Right Hip Tabes Mesenterica	Fatal. V.D.H. and Chronic Bronchitis Discharged, Improved.

Except for general survey, no action has been taken in 1933 under the Public Health (Prevention of Tuberculosis) Regulations, 1925, as regards employees in the milk trade.

It was not necessary to take any action under Section 62 of the Public Health Act, 1925, to obtain compulsory removal of cases to hospital.

I am particularly indebted to Mr. A. H. Hookham, of my staff, for his special work *re* Tuberculosis. The tabular records are his work and enable me to give the above account of this disease as it exists in the Borough, and the measures for dealing with it.

## SANITARY CIRCUMSTANCES OF THE DISTRICT.

#### WATER SUPPLY.

The Eastbourne water is supplied by the Eastbourne Water Works Company. Mr. S. W. Roach, the General Manager, has kindly given me the figures relating to the quantity used.

The amount of water pumped into Eastbourne for consumption varied from  $23\frac{1}{4}$  million gallons per week to  $15\frac{3}{4}$  million gallons per week, the average amount being 18 million gallons per week. This is approximately 36 gallons daily per person of the normal population.

The quantity and quality of the water remain practically the same year by year. It is very satisfactory to have a source so comparatively independent of variations in the amount of rainfall. The supply is constant.

The water is obtained from a deep well with a long heading in the chalk at Friston. The well, heading and pumping station are four miles from Eastbourne and situated in a gathering ground, which is very suitable for the purpose.

The Company continues to take very great care as to the gathering ground and the methods of its use, so that there shall be no pollution. Afforestation is being carried out on the gathering ground.

The heading connected to the pumping station is at a great depth, being in no case less than about 120ft. from the surface. The water is pumped from Friston into distributing reservoirs in the immediate neighbourhood of Eastbourne, but it is not stored in any case for more than a day or two. The reservoirs are up-to-date and covered. The supply is constant and at full pressure all the year round, irrespective of rainfall.

There is a subsidiary source of supply at Holywell, from which 40 million gallons were pumped during 1933.

Access to the sources is freely permitted to the Medical Officer, and my visits have satisfied me that every care is taken to prevent any accidental pollution.

For water from wells in chalk, the Eastbourne water has a comparatively small hardness, viz., from 11.5 to 13.2 grains per gallon or "degrees Clark."

Domestic softening plants are in use in many houses, but no general water softening takes place.

Analyses of the water have been made constantly during 1933 with special full reports once monthly, alternately by the Borough Analyst and the Company's Analyst. Partial analyses are made weekly. These are, of course, important, but reliance is placed chiefly in keeping the sources unimpeachable. An example of the monthly report is as follows:—

FROM DR. S. ALLINSON WOODHEAD, F.I.C.,

THE PUBLIC ANALYST'S LABORATORY, MOUNTFIELD HOUSE, LEWES, SUSSEX. 5th February, 1934.

Report upon a sample of water forwarded by Dr. Willoughby, M.O.H., Avenue House, The Avenue, Eastbourne, on February 2nd, 1934.

Sample labelled: —Eastbourne, Town Main.

The water on arrival had the following characteristics:—

Colour.—None. Smell.—None. Sediment.—None.

				Grains	Parts per
			pe	r Gallon.	Million.
Total Solids (dried at	100° C)			23.7	
Solids (after ignition)				18.0	
Chlorine				2.7	
Ammonia (free)					.033
Ammonia (Albuminoi	d)				.018
Oxygen taken from	n pern	nanganate	in		
¼-hour				Nil.	
Ditto in 4 hours				.01	
Nitrogen as Nitrates a				.20	
NT: 4-14-2				Nil.	
Hardness, Total				12.7	
Hardness (after boilin	g)			3.3	
Phosphates				Nil.	
Metallic Impurity		• •		Trace of I	ron.

#### BACTERIOLOGICAL EXAMINATION.

The organisms per cc. which grew on nutrient gelatine in three days at room temperature under aerobic conditions and were then visible to the naked eye as colonies numbered 2.

On Agar at blood temperature and under aerobic conditions one colony was noticed after two days' incubation.

Examinations for organisms of the Coli group gave entirely negative results in 100 cc.

#### REPORT.

The water maintains its very high degree of organic purity. The chemical and bacterial results are both highly satisfactory.

(Signed) S. ALLINSON WOODHEAD.

#### SEWERAGE AND DRAINAGE.

The sewerage of Eastbourne is in the department of the Borough Engineer.

The whole of the sewage, except some of that of the Infectious Diseases Hospital, and also part of the surface water, passes into the sea at Langney Point, some distance to the east of the Borough. Owing to the levels of a portion of the Borough, the fall is only natural at low tide; at high tide some of the sewage has to be lifted by the aid of Shone's pneumatic ejectors and pumps.

In two parts of the town the local sewage has to be raised to the level of the main sewers by pneumatic ejectors, viz., in Compton Street and Bourne Street.

The dangerous part of the Infectious Diseases Hospital sewage is cremated at the hospital.

The water-carriage system is practically universal in Eastbourne, the few exceptions being in connection with agricultural buildings in outlying districts.

The sewer ventilation is by high upcast shafts; all road level ventilators have been closed.

The system of intercepting traps between the house drains and the sewers is universal.

There are outfalls on the sea front for surface water.

Many houses are drained by means of iron drains in place of stone-ware.

The surface water system is in many parts separate from the ordinary sewer system, so that rain water shall not cause the lower parts of the Borough to be flooded in sudden storms. New houses have the double system in most cases.

At the outfall, screening has been adopted for removal of solid matter.

#### SCAVENGING.

House refuse is collected by the Corporation and is burnt at the destructor. The arrangements are made by the Borough Engineer.

Motor dust-vans are in general use.

In nearly all houses movable covered ashbins are the receptacles used.

Fish offal and garden refuse are not now specially regularly removed by the Corporation owing to the expense. Garden refuse can be removed on payment.

The cost of removal and destruction of house refuse during the past year was £12,631 but included in this is some expense in pumping sewage.

The collection is made once weekly all through the year with a second weekly partial collection during the summer months. Many larger premises have a more frequent periodical removal.

It is more important from a health point of view to have a second collection in the hot weather in small property than in large houses.

#### SANITARY INSPECTION OF DISTRICT.

The following table shows the number and nature of the sanitary inspections during 1933. Many other casual visits were also made:—

				7.5
Visits of Inspection of:	East.	Central.	West.	Hamp- den Pk. and Uppert'n
Dwelling Houses	611	1097	390	801
Schools	21	24	29	29
Stables and other Premises	890	226	466	690
Cowsheds	27		49	190
Piggeries	58		64	157
Slaughter-houses	566	12	211	56
Milk Shops and Dairies	328	170	215	122
Fruiterers' Shops	237	342	210	74
Fish Shops	263	657	172	86
Butchers' Shops	296	1040	273	222
Other Food Stores	412	484	237	20
Bakehouses	44	84	39	19
Factories and Workshops	142	505	176	83
Work Places	63	169	195	619
Re-Inspections	764	1341	358	743
Complaints	87	292	82	61
Notification Visits	80	328	71	89
Houses Disinfected	62	253	67	44
Bedding Disinfected	51	228	56	46
Drains Tested	38	325	100	71
Soil Pipes Tested	21	108	51	29
Drains Re-laid	11	131	6	30
Drains Ventilated	3	80	_	60
Total	5075	7896	3517	4341

The statutory notices served during the year were as shown below with the results. These notices were only served after verbal or informal written notice failed.

		No. com- plied with.	or can-	No. out-
a Public Health Act, 1875— Section 91	44	44	_ _	
c Public Health Act, 1875— Section 46 d Public Health Act, Amend-	2	2	_	_
ment Act, 1890, Sec. 22 Public Health Act, 1875— Section 41	1	1	_	
Factory and Workshops Acts Housing Act, 1930	 4 1			
Totals	61	61		

- a To abate nuisances of various descriptions, including overcrowding.
- b To provide proper closets, dustbins, etc.
- c To cleanse, disinfect, etc., houses.
- d Sanitary conveniences in manufactories.e To relay drains.
- f To cease occupation of cellar dwelling.

SANITARY CERTIFICATES.—In connection with the Borough Sanitary Certificate the following work was done:— New certificates issued 7 . . . . Old certificates endorsed after re-examination 13 The total number of these now issued is .. 1851

Common Lodging Houses.—The one registered common lodging house in the Borough, the Women's Hostel, Latimer Road, is being closed as such owing to the fact that it is not required.

SLAUGHTERHOUSES.—There were four licensed slaughterhouses at the beginning of the year as follows:-The Crumbles slaughterhouse, Upwick slaughterhouse, Latimer Road slaughterhouse, and one small holding for limited slaughtering. Slaughtering of pigs also takes place to a limited extent on two other agricultural premises.

Much of the meat consumed in Eastbourne is slaughtered just over the Borough boundary at Langney. A Meat Inspector appointed jointly by the Town Council and the Eastbourne Rural District Council supervises the slaughterhouses outside the Borough. The Eastbourne County Borough Council contributes £100 towards the salary of this Inspector and part of his expenses.

Houses Let in Lodgings.—A very large proportion of the houses in Eastbourne come under this heading at some part of the year.

Underground Sleeping Rooms.—Regulations in connection with the Housing and Town Planning Acts have been made as regards these, and action has been taken in various cases. Owing to sub-letting, the conditions are unsatisfactory in this respect for basement flats are not fit places for children to be brought up in.

CARAVANS AND TENTS.—No serious nuisance has arisen during the year.

Schools.—The various Elementary Schools have been inspected from time to time. There are 15 of these schools with 26 departments.

THEATRES AND OTHER PLACES OF PUBLIC ENTERTAIN-MENT.—A quarterly examination as to the sanitation of these premises has been carried out in 1933.

Bakehouses.—There are 42 bakehouses in the Borough, of which 5 are underground.

# PREMISES RECEIVING CONSTANT INSPECTION AND ATTENTION DURING THE YEAR.

Number of cowsheds		 		9
Number of dairies and milks				
	_			
Number of private stables				
Number of livery stables		 	٠	0

Number of piggeries			63
Number of Common lodging houses			1
Number of slaughterhouses	• •		6
Number of offensive trades	• •	• •	1
MILK SUPPLY.			
Number of wholesale traders and produ	cers		
on register	• •		8
*Number of retail purveyors on register			125
Infectious diseases among employees	• •		_
Infectious diseases on premises	• •		_
Notice to abate nuisance	• •		6
* Thirty-seven of these are retailing milk in se	aled car	tons	
only, as supplied to them by the produc	cers.		
RETURN AS TO STRUCTURAL ALTERA	TIONS.		
Drains examined and tested			352
Drains re-laid and amended			219
Interceptors fixed			28
Drain ventilation improved			147
Drains Cleared			22
New W.C. apparatus provided			175
W.C. apparatus repaired and cleansed			213
W.C. flushing power improved			110
D-traps removed			4
New soil pipes fixed			92
Soil and vent. pipes repaired			27
New main taps provided			91
Waste pipes trapped			271
Sanitary dustbins provided			207
Back yards paved or repaired			84
Sinks renewed or repaired			224
New sink wastes			266
Safes provided under W.C			70
W.C. cisterns fixed			108
Cleansing of premises			130
Window frames, sashes, cords etc., rep			
or renewed	-		173
Doors and frames repaired or renewed.			87

Floors repaired	 103
Stairs repaired	 30
Walls repaired (brickwork)	 43
Walls and ceilings, plaster repaired	 114
Walls and ceilings cleansed and redecorated	 170
Dampness to walls remedied	 88
Roofs repaired	 93
Eaves gutters and rainwater pipes repaired or	
renewed	 97
House ventilation improved	 38
Food stores provided or ventilated	 20
Stoves repaired or renewed	 66
Washing coppers repaired	 30
Accumulation removed	 67
Smoke nuisances abated	 10
Miscellaneous items	 131

In addition to the tabulated amendments above, considerable attention has been given to general improvement of structural conditions, especially with a view to preventing dampness.

# Factories, Workshops, Laundries, Workplaces and Homework.

#### I.—INSPECTION.

		Number o	of
Premises.		Written Notices.	Prosecu-
Factories	201	5	_
(including Factory Laundries). Workshops	445	6	
(including Workshop Laundries). Workplaces	1115	11	
Total	1761	22	_

121
II.—DEFECTS FOUND.

		Number o	of Defects	
Particulars.	Found.	Reme- died.	Referred to H.M. Inspector	Prosecu-
Nuisances under the Public  Health Acts:— Want of cleanliness	33	32		
Want of ventilation	6	6		
Overcrowding	3	3		
Want of drainage of floors	3	3	_	
Other nuisances	34	33		
Sanitary accommodation— Insufficient	7	7	_	
Unsuitable or defective	11	11		
Not separate for sexes	4	4		
Offences under the Factory and Workshops Acts:— Illegal occupation of under- ground bakehouse (S. 101)	_	_	_	
Other Offences (excluding offences relating to outwork and offences under the sections mentioned in the schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	1	_	_	
Total	102	99		

#### III —OTHER MATTERS

Class.	Number.
Underground Bake-houses (Sec. 101):— In use during 1933	 5
Homework:— List of Outworkers received	 25
Workshops on the Register at end of 1933	 616
Bake-houses on the Register at end of 1933	 42
Total number of Workshops on Register	 658

The out workers' lists are not regularly sent in, but in cases of disease out workers receive special attention.

#### BATHS.

There are three municipal bathing establishments which include two sea water and one fresh water swimming baths. Practically all the varieties of medicinal baths can now be obtained in Eastbourne either by municipal or private enterprise.

#### DEVONSHIRE BATHS.

The following varieties of baths are provided:—Ordinary baths, two large swimming baths filled by gravitation from the sea, which are fitted with up-to-date filtration and purification machinery; a new and up-to-date Turkish and Russian bath establishment; hot and cold sea water baths; electrical, vapour and spray baths.

#### SEASIDE BATHS.

These were opened in 1903 and were closed for reconstruction for some time in 1925, when the accommodation was doubled and the baths made much more attractive. The accommodation now comprises 15 slipper baths for men

and 15 for women, with the addition of a shower and needle bath for each sex.

The numbers using them in 1933 were: men, 18675; women, 14823; children, 311; total, 33809, an increase of 1865 on the 1932 figures and a decrease of 784 on the 1931 figures.

The largest number using the baths in any one year was 37554, in 1928. The largest pre-war number was 18,982 in 1913.

#### OLD TOWN BATHS.

These were opened in 1905. There are 12 baths for men and 3 for women. By arrangement on one day all the baths are available for women for part of the day.

The swimming bath is 60ft. long by 20ft. wide, and varies in depth from 3ft. 6in. to 6ft. 6in. The water is changed as considered necessary and is chlorinated. It is fresh water from a well on the premises.

It has been arranged to allow mixed bathing, suitable undressing and dressing accommodation having been provided.

Number of swimming bathers, 1933:—

Men.	Women.	Boys.	Girls.	Total.
5214	1840	19619	9324	35997

The largest number previously was 38,886 in 1929.

Number of ordinary bathers:—

Men.	Women.	Children.	Total.
6185	3806	430	10421

The largest number was 20,863 in 1923.

During 1933 238 boys and 225 girls of the Elementary Schools who had learned to swim during the year and passed the test received certificates originated by the late Mr. Alderman Hollins, M.A. The following figures show the number of these certificates awarded since 1920:—

Year.	Boys.	Girls.	Total.
1920	40	45	85
1921	87	49	136
1922	31	41	72
1923	86	60	146

Year.	Boys.	Girls.	Total
1924	70	71	141
1925	109	86	195
1926	103	- 66	169
1927	82	87	169
1928	98	130	228
1929	142	189	331
1930	119	110	229
1931	81	91	172
1932	179	166	345
1933	238	225	463

The cost of the baths was as follows for the year ending 31st March, 1934:—

	Income.	Expenditure.	Deficit.	Capital Charges
Seaside	£710	£1215	£505	(in addition). £333
Old Town	£800	£1228	£428	£279

#### CHEMICAL AND BACTERIOLOGICAL WORK.

The tables on page 58 show the work done in 1933.

Chemical and bacteriological examinations of water were made by the Borough Analyst and by the Water Company's Analyst, Mr. Burgess, in alternate months.

Ordinary diphtheria and tuberculosis bacteriology is carried out by the Medical Officer of Health. Other bacteriology is sent to Dr. Shera.

Wassermann examinations were made at the Pathological Department, Princess Alice Hospital, Eastbourne, by Dr. A. G. Shera, the Medical Attendant of the Venereal Diseases Clinic, who was appointed to carry out this work on 1st May, 1922.

# RATS AND MICE (DESTRUCTION) ACT, 1919.

Special Officer: A. LINDFIELD.

Owing to the unusually prolonged dry spell this year the complaints of rat infestation were very few during the summer months. "National Rat Week" took place just after the weather changes had caused the rodents to seek winter quarters, near human habitation and a food supply, and signs of recent invasion were easily noticed and steps taken to destroy the rodents. The public continue to avail themselves of the advice and assistance offered by this department and readily take part in any measures necessary to ensure extermination.

By the co-operation of the Borough Surveyor, arrangements were continued throughout the year whereby the sewers are regularly baited with bread, phosphor-paste and arsenic baits. These deadly baits can safely be used in these circumstances and prove very effective. Visits of inspection are paid regularly to premises liable to infestation, such as small holdings, piggeries, farms, etc., and special attention was paid to these places during Rat Week, when special measures, including rat catchers, dogs, and gassing machines, were used to advantage. The indiscriminate placing of food for birds is still a big factor in encouraging the visits of rats and mice. If kind-hearted people would carefully collect any food left by the birds at night time and not replace until morning, the rats would seek fresh sources of supply.

No formal notices or summonses were served under the Rats and Mice (Destruction) Act, 1919, during 1933.

#### FOOD.

The inspection and supervision of food is carried out by the Sanitary Inspectors, each in his own district.

## (a) MILK SUPPLY.

The absence of a fixed standard for the contents of milk and the difficulty of obtaining a thoroughly clean milk bacteriologically and otherwise make constant supervision of this important food supply very necessary.

In 1933 the milk to the extent of fourteen out of seventy-two samples was not up to standard, i.e., 3% fat and 8.5% solids not fat, though the average was good as shown in the following list.

The following samples of milk were submitted to the Public Analyst during the year:—

3	O	7		Λ	A
			Samples.	Average Fat.	Average Solids.
January			3	3.10	8.82
February			4	2.86	8.16
March					_
April			5	3.95	8.86
May			21	3.31	8.62
June			16	3.37	8.67
July			—		_
August			_	_	_
September			_	_	_
October			12	3.43	8.80
November				_	_
December			11	3.47	8.95
			_		
Total			72	3.38	8.71

There was no case of preservative or colouring matter in milk. These additions are definitely prohibited, and if under-standard milk were prohibited also, milk up to standard would be supplied and the "Appeal to the Cow" farce would disappear.

The supply of pure milk is of the greatest importance, but although steady improvement is maintained in the methods of supply, there is still very much unfit milk on the market, as is shown by the returns in this report.

The standard for the contents of milk, viz., 3% "fat" and 8.5% "solids not fat" is a low one and yet in 14 out of 72 samples taken this standard was not reached, as shown in a subsequent table where the respective deficiencies are set out. The law on the subject is so unsatisfactory that in no case was the vendor successfully proceeded against.

This position is very unfair to the public and to the vendors of most of the milk in Eastbourne, which is of very good quality.

Deficiency of normal constituents, important as it is, is however not so serious as milk containing dirt and therefore likely to cause illness. A table showing the results of bacteriological examination of 18 samples is given in this section. Five of the samples were of so-called pasteurised milk; three of the five contained bacterium coli; six of the remainder were unsatisfactory.

It is fair to add that in the case of some of the samples taken the Sanitary Inspectors had reason to fear that the milk was not satisfactory.

The value of pasteurisation is frequently in question. As we know that diseases such as tuberculosis, recurring fever and others can be conveyed by milk, it is obvious that efficient pasteurisation must be a benefit, as the germs are then destroyed. There must be no doubt, however, as to the efficiency of the process, and such milk should only be obtained from a firm of reputation.

Milk is now commonly supplied in bottles and cartons and thus preserved from accidental contamination.

# BACTERIOLOGICAL ENAMINATIONS.

Nineteen samples in connection with milk supply were submitted to the Public Analyst for examination during 1933, and the following is an analysis of the results:

Sample	le Organisms	Coli	Coli in 1/100th cc. (3 tubes).	. cc.	Acid Fast Organisms	Streptococci.	Report.
i i	her cc.		2	8	T.B.		
E.401	24,000	Present	Present	Present	Not detected	Not detected	Unsatisfactory.
20	19,000	Absent	Absent	Absent	Not detected	Not detected	Satisfactory.
21	12,000	Present	Absent	Absent	Not detected	Not detected	Satisfactory.
22	28,000	Absent	Absent	Absent	Not detected	Not detected	Satisfactory.
19	2,700,000	Present	Present	Present		1	Unsatisfactory.
E.400	19,000	Absent	Absent	Absent	Not detected	Not detected	Satisfactory.
24	14,000	Absent	Absent	Absent	Not detected	Not detected	Satisfactory.
25	126,000	Absent	Absent	Absent	Not detected	Not detected	Not clean sample
26	17,000	Absent	Absent	Absent	Not detected	Not detected	Satisfactory.
27	135,000	Absent	Absent	Absent	Not detected	Not detected	Satisfactory.
28	38,000	Present	Present	Present	Not detected	Not detected	Fails on coli test.
58	14,000	Absent	Absent	Present	Present	A few	Unsatisfactory.
30	15,000	Present	Present	Present	Not detected	Not detected	Fails on coli test.
31	4,000	Absent	Absent	Absent	Not detected	Not detected	Very satisfactory
32	18,000	Present	Absent	Absent.	Not detected	Not detected	Satisfactory.
33	13,000	Present	Present	Present	Not detected	Numerous	Unsatisfactory.
34	41,000	Absent	Absent	Absent	Not detected	Not detected	Satisfactory.
35	291,000	Present	Absent	Absent	Not detected	Not detected	Satisfactory.
Empty Milk Bottle 23	Organisms	Absent	Absent	Absent			Satisfactory.
	in bottle						
	100						

Sample No. 19 from a local milk seller having been found to be unsatisfactory, samples (Nos. 24 to 35 inclusive) were taken in course of delivery from farms to his premises. These farms being in the area of the East Sussex Council reports on the samples were sent to the County Medical Officer of Health, who has dealt with the matter where necessary.

## TUBERCULOSIS ORDER, 1925.

One case of suspected tuberculosis in a cow was reported under this order in 1933. The existence of the disease was confirmed and compensation amounting to £4. 10s. was paid.

#### SPECIAL MILK.

Under the Milk (Special Designations) Order, 1923, and the Milk and Dairies (Amendment) Act of 1922, the Local Authority may issue licences for the production and distribution of milk of four designations, viz.:—

- (i.) Licence to producers of "Grade A" milk.
- (ii.) Licence to distributors of "Certified" milk.
- (iii.) Licence to distributors of "Grade A" milk tuberculin tested and "Grade A" milk pasteurised.
- (iv.) Licence to distributors of "Pasteurised" milk.

The special designations under which milk may be sold are "Certified," "Grade A (tuberculin tested)," "Grade A" and "Pasteurised."

The main provisions in the production of the milks thus designated are as follows:—

CERTIFIED MILK.—Herd tested at six months intervals by the tuberculin test. Bottles sealed. No more than 30,000 bacteria per c.c. No coliform bacillus in the c.c.

GRADE A.—Cows examined every three months. No more than 200,000 bacteria per c.c. No coliform bacillus in <sup>1</sup>/<sub>100</sub>th c.c.

GRADE A (TUBERCULIN TESTED).—Six-monthly T. Test. GRADE A (PASTEURISED). — No more than 30,000 bacteria per c.c. No coliform bacillus in inth c.c.

LICENCES.—The following licences were granted during 1933:—

Two licences to pasteurise milk.

Eight licences to sell Certified milk from 18 premises. One licence to sell Grade A (Tuberculin Tested) milk from four premises.

One licence to sell Pasteurised milk.

Nineteen samples of Certified milk were taken during the year from three producers of Certified milk and forwarded to the Public Analyst for examination as prescribed by the Ministry of Health. Copies of the Analyst's reports are sent direct to the Ministry of Health, who certify the producers, all of whom are outside the Borough. On three occasions the milk was found to be below the Ministry's standard. One producer outside the Borough ceased to be licensed as a producer of Certified milk during the year. Four samples of Pasteurised milk were taken from two retailers in the County Borough and reported as satisfactory by the Public Analyst.

#### MILK IN GENERAL SHOPS.

It is now a definite arrangement that where milk is sold in "general" shops dealing with various articles likely to contaminate milk, it is not to be exposed for sale in counter pans, hand cans or otherwise, but only retailed in sealed glass bottles or cartons as received from the dairyman and handed over intact to the customer.

MILK (MATERNITY AND CHILD WELFARE ACT, 1918).

A review of the action taken will be found in the Maternity and Child Welfare section of this report.

# MILK (TUBERCULOSIS CASES).

Milk is the principal extra food given gratuitously to certain patients as set forth in the Tuberculosis section of this report.

# (b) OTHER FOODS.

No other food calls for special remark.

There were no statutory "seizures" of food during 1933.

The surrenders of unsound food within the Borough during the year were as follows:—

1 Cow's Carcase.

81 Bullocks' Livers.

4 Bullocks' Lungs.

1 Calf's Lungs.

1 Calf's Liver.

4 boxes Herrings.

20 stones Codlings.

1 quart Prawns.

5 gallons Shrimps.

2 boxes Kippers.

4	C - 1	121	_ T	11	-1-
1	∪a.	1	$S \Gamma$	Tu	ck.

- 93 Sheep's Livers.
  - 2 Sheep's Hearts.
  - 5 Sheep's Lungs.
- 12 Lambs' Livers.1 Pig's Carcase.
- 1 1 1g s Carcase
- 17lbs. Pork.
- 79 Pigs' Lungs.
- 34 Pigs' Livers.
- 18 Pigs' Hearts.
  - 7 Pigs' Plucks.
  - 1 Sow's Udder.
- 5 Turkeys.
- 12 Chickens.
- 59lbs. Bacon.
- 18lbs. Lemon Soles.

# 14 stones Whiting.

- 150lbs. Cod.
- 841bs. Cod Roes.
  - 2 kits Mixed Fish.
- 360lbs. Apples.
- 151 Grape Fruit.
  - 3 boxes Pears.
  - 20 bags Peas.
  - 6 boats Greengages.
  - 5 tins Tomatoes.
  - 15 tins Peaches.
    - 2 tins Fruit Salad.
    - 4 tins Pineapple.
    - 9 tins Salmon.
    - 1 tin Condensed Milk.

# The following imported meat was also surrendered:-

9411bs. Beef.

- 1 Ox Kidney.
- 13lbs. Kidney.
  - 3 Calves' Livers.

### 11lbs. Suet.

- 5lbs. Sheep's Livers.
- $11\frac{1}{2}$ lbs. Lambs' Livers.

## MEAT AFFECTED BY TUBERCULOSIS.

- 1 Cow's Carcase.
- 1 Heifer's Carcase.
- 1 Calf's Carcase.
- 2 Bullocks' Heads.
- 2 Bullocks' Tongues.
- 2 Bullocks' Lungs.
- 1 Bullock's Pluck.
- 3 Bullocks' Livers.

- 1 Bullock's Spleen.
- 1 Pig's Carcase.
- 17 Pigs' Heads.
- 4 Pigs' Livers.
- 7 Pigs' Stomachs.
- 2 Pigs' Plucks.
- 1 Pig's Kidney.
- 4 Sheep's Lungs.

# SLAUGHTERING OUTSIDE BOROUGH BOUNDARY.

Some of the home killed meat consumed in the Borough is slaughtered in the slaughterhouses just outside the Borough boundary. The Meat Inspector appointed jointly by the Eastbourne Borough Council and Eastbourne Rural District Council regularly inspects at these slaughterhouses,

and the following tables (which include the work at all the slaughterhouses in the Rural District) show the amount of meat condemned.

# (1) Animals Slaughtered.

Bulls	 		 51
Bullocks	 	4 4	 793
Cows	 		 1122
Heifers	 		 517
Calves	 		 7168
Sheep	 		 14621
Pigs	 		 12034
Total	 		 36306

# (2) REJECTED AND DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS.

599 separate parts weighing 3,133lbs.

BEEF.		MUTTON	Ι.	VEAL.		PORK.	
Disease.	No.	Disease.	No.	Disease.	No.	Disease.	No.
Emaciation	3	Emaciation	91	Immature	6	Septicaemia	3
Oedema	I	Oedema	35	Septicaemia	I	Emaciation	ı
Septicaemia	I	Moribund	4	Melanosis	ı	Jaundice	I
Septic Metritis	I	Pyaemia	I	Bruising	I	Rickets	I
Bruised	2	Bruised	ĭ			Pyaemia	I
Uraemia	I					Inflammation	I
Beef	9	Mutton	132	Veal	9	Pork	8
Weight 4150	lbs.	Weight 5871	lbs.	Weight 407	lbs.	Weight 1053	lbs.

# (3) Rejected for Tuberculosis.

		Carcases.		Forequarters.		Hindquarters	
		No.	No. Weight.		Weight.	No.	Weight.
	Cows	 60	lbs. 32352	43	lbs. 5656	5	lbs. 800
	Heifers	 8	4910	8	1250	_	_
	Bullocks	 2	1780	4	710		
	Bulls	 _	-	_	-	6	1000
	Calves	 6	638	_	-	_	_
	Pigs	 7	1130	-	-	_	
-	Total	 83	40810	55	7616	11	1800

971 separate organs weighing 12,221lbs.

# (4) Inspections, Etc.

Number of notices received	 1,142
Number of inspections	 1,107
Total visits to slaughterhouses, etc.	 1.372

The Meat Regulations relating to hours of slaughtering and the giving of due notice have enabled the staff to see more of the slaughtering and to examine the meat early. As far as the regulations relate to protection of meat exposed for sale, the restrictions involved make the practical effect of the same almost "nil." Transport regulations have received attention.

Bakehouses have received constant attention and existing powers have been found adequate for dealing with sanitary conditions in shops and stores, except as regards protection from dust, etc.

No action had to be taken in connection with the Condensed and Dried Milk Regulations and the Public Health (Preservatives, etc., in Food) Regulations, except to see that they were duly carried out.

# FOOD AND DRUGS (ADULTERATION) ACT.

The number of samples taken for analysis and the results are shown in the following table. The percentage returned as adulterated was  $16.6^{\circ}_{\circ}$ . In 1931 it was 9.09% and in 1932, 1.8%.

# FORMAL SAMPLES.

	Complex	Returned as		
Articles.	Samples taken.	Genuine.	Adul- terated.	
Aspirin Butter Cream Eucalyptus Ointment Jam Lard Milk Parrish's Chemical Food Sausages Sultanas		2 6 1 1 2 5 72 3 3	1 6 1 1 2 5 5 58 3 3	1   14  1
Total		96	80	16

# INFORMAL SAMPLES.

	Samples	Returned as		
Articles.	Samples taken.	Genuine.	Adul- terated.	
Ammoniated Tincture of Quinine Ground Almonds	1 2 1 2 1	1 2 1 2 1		
Total	7	7		

135

# SAMPLES NOT GENUINE.

Sam- ple No.	Article.	In what respect not genuine.	Action taken.
300 301 1 305	Milk Milk	Deficient in fat 8.3% and solids not fat 17.5%.  Deficient in solids not fat 3.2%  Deficient in fat 12.6%  Deficient in fat 12%  Deficient in fat 13.3% and solids	Legal proceedings taken. Case dismissed.  Sample taken in course of delivery from a consignment of milk.  Producer cautioned.  Roundsman prosecuted.
8 9 11 15 16 406 120 409 418	Milk Milk Milk Milk Milk Milk Milk Milk Milk	not fat 18.3%.  Deficient in fat 2% Deficient in solids not fat 2% Deficient in fat 4% Deficient in solids not fat 0.8% Deficient in fat 2.6% Deficient in fat 1.6%  Failed on free salicylic acid test Deficient in fat 15% Deficient in solids not fat 1% Found to be seedless raisins and not sultanas.	Case dismissed under Probation of Offenders Act.  Vendor cautioned.  Taken in course of delivery in connection with Sample No. 6.  Producer cautioned.  Further samples taken and found genuine.  Vendor cautioned.  Vendor cautioned.  Legal proceedings pending.  Vendor cautioned.  Proceedings pending.

# LEGAL PROCEEDINGS, 1933.

No.	Offence.	Date of Hearing.	Result.
		1933.	
1	Obstructing Sanitary Inspector in the execution of his duty.	March 27th	Fined $£2$ and costs.
2	Selling milk deficient in fat and solids not fat.	April 3rd	Case dismissed.
3	Selling milk deficient in solids not fat.	June 26th	Case dismissed.
4	Failing to comply with a notice under Sec. 91, Public Health Act, 1875.	August 18th	Order made for compliance

One of the criticisms of the Ministry in its survey report was that too few samples of food were taken for analysis and

too many of those taken were adulterated. It should be pointed out as regards the first that the number was dropped for financial reasons, but provision has been again made for more samples to be taken. As regards the second point, this is more apparent than real. The Sanitary Inspectors arranged to take samples where they had suspicions, and not at hap-hazard, and naturally the percentage of faults was high. The almost impossible chance of getting convictions, especially in milk cases, rather damps ardour in taking samples.

# FERTILISERS AND FEEDING STUFFS ACT, 1926.

Fourteen samples of feeding stuffs and three samples of fertilisers were submitted to the Public Analyst during the year. Of these, four samples of feeding stuffs and one sample of fertiliser were found to be unsatisfactory, as follows:—

No.	Item.	In what respect Unsatisfactory.
503 505		Contained at least 12% cereal meal other than oats.  Contained at least 15% cereal meal
506		other than oats. Contained too much oil (12.87%) for most purposes.
		Evidently meat and bone meal and not meat meal.
517	Carmona Fertiliser	Excess insoluble phosphoric acid 2.4%.

No action was taken as regards the vendors of these samples since an application to the Board of Agriculture for instructions resulted in no reply.

### HOUSING.

The publication of the census report for 1931 gave details as to local housing, which showed a marked improvement on the position in 1921.

In my last annual report I published census figures showing that from 1921 to 1931 the percentage of the population living at more than two per cent. density was reduced from 4.42 per cent. to 2.71 per cent., *i.e.*, from 2,079 to 1,314 persons.

Over the same period the average number of persons per room was reduced from 0.79 to 0.69.

The increase in occupied dwellings was 24.42 per cent., while the increase in private families was 16.76 per cent.

These figures could be favourably compared with those of similar Boroughs and were all to the good in showing that in Eastbourne the housing accommodation had been much improved, thanks to the erection by the Council of over nine hundred small houses for letting purposes, in spite of the decline in population.

This improvement, however, does not lessen the troubles of those many persons still wanting adequate accommodation. The number of applicants for houses at the end of the year includes many hard cases, made infinitely more hard by the large rents charged for accommodation in existing houses and parts of houses. Some of these rents are almost beyond belief and when paid leave too little of the income for the necessities of life.

Continuation of building small houses for letting purposes by the Council is inevitable for the following reasons amongst others:—

- (1) The amount of the rent is nearer to reasonable in Council houses.
- (2) There is no indication of private building of small houses for letting purposes to Eastbourne persons.
- (3) There are many cases of bad housing even where would-be tenants could easily pay an economic rent.

- (4) Excessive rents of privately owned dwellings and parts of dwellings.
- (5) Objections to young children by owners and tenants of private houses.
- (6) There are difficult and undesirable tenants to be provided for.

The relinquishing of any of the building land acquired by the Corporation and the selling of any Corporation houses only aggravates the difficulties.

Houses for sale do not meet the difficulty—strangers and speculators can buy them and still charge exorbitant rents, whether the house is let as a whole or by separate rooms.

The State-aided purchase of houses, though excellent in some cases, leads in others to distress in two ways—

- (a) The payments cannot be kept up.
- (b) The payments that have to be made are too high for the income of the family in that other necessaries of life cannot be obtained. There have been cases of this sort where some sort of Public Assistance has been applied for, and when the amount of "rent" is stated, the rent plus repayment is given. If Public Assistance is given in such a case, the house is being purchased for the individual partly by the ratepayers.

Under existing conditions the only safe method is for the Council to build small houses and to keep them in its own hands for letting only.

Houses should be let strictly at economic rents, and if assistance is necessary, it should be through the ordinary channels.

The problem still remains of families, fortunately few in number in Eastbourne, who ought to be properly housed and are yet undesirable tenants, and also of those displaced by the closing of the few unfit houses, and of tuberculous families. About twenty houses are required for these latter categories. The five-year building scheme set out by the Council at its meeting on 5th January, 1931, should be carried out. It is very advisable that for new buildings in the future ground above the lowest levels should be found.

A re-survey of the Council houses now erected and let by the Municipality would show that with time the pressing needs of the occupants have disappeared in many instances. It is a difficult problem, but it is possible that some of the still pressing cases might be accommodated by displacements.

Where considerable profit is made by sub-letting, an economic rent could fairly be charged.

### HOUSE INSPECTION.

	Inspection of dwelling houses during the year.
	(1) (a) Total number of dwelling houses inspected
2899	for housing defects (under Public Health or Housing Acts)
2899	purpose
	(2) (a) Number of dwelling houses(included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated
272	Regulations, 1925
272	purpose
12	(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation
474	(4) Number of dwelling houses (exclusive of those referred to under the proceeding sub-head) found not to be in all respects reasonably fit for human habitation
	Remedy of defects during the year without service of formal notices.
415	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers
1.0	

3. Action under Statutory Powers during the year.	
(A) Proceedings under Sections 17, 18 and 23 of	
the Housing Act, 1930:—	
(1) Number of dwelling houses in respect	
of which notices were served requiring	4
repairs	1
rendered fit after service of formal	
notices:—	
(a) By owners	1
(b) By Local Authority in default	
of owners	
(B) Proceedings under Public Health Acts:—	
(1) Number of dwelling houses in respect	
of which notices were served requiring	
defects to be remedied	55
(2) Number of dwelling houses in which	
defects were remedied after service	
of formal notices:—	
(a) By owners	55
(b) By Local Authority in default	
of owners	
(C) Proceedings under Sections 19 and 21 of the	
Housing Act, 1930:—	
(1) Number of dwelling houses in respect of	
which Demolition Orders were made	
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	
(D) Proceedings under Section 20 of the Housing	
Act, 1930:— (1) Number of separate tenements or	
underground rooms in respect of which	
Closing Orders were made	12
(2) Number of separate tenements or	
underground rooms in respect of which	
Closing Orders were determined, the	
tenement or room having been	
rendered fit	_

### GENERAL SURVEY.

During 1933 no small houses have been built for letting purposes except by the Borough Council.

The private purchase of houses has been assisted by the Council in 27 instances during 1933 and altogether to the end of 1933 in 695 cases.

The houses completed in 1933 numbered 150, none of these being built by the Council.

The housing undertakings of the Council are as follows:—
The first scheme provided 178 houses, 110 at the Archery
and 68 at Victoria Drive. The first house was occupied on

9th August, 1920.

The second scheme provided 33 houses at Victoria Drive. The first was occupied on 25th December, 1922.

The third scheme provided 100 houses at Victoria Drive. Commenced on 21st August, 1923, the last house being occupied in October, 1926.

The fourth scheme for 200 concrete houses (100 parlour and 100 non-parlour) at Victoria Drive was commenced in June, 1925, and the whole of these houses were completed and let during 1927.

The fifth scheme provided for 44 concrete non parlour houses at Hampden Park, of which 42 were completed during 1927, the first being let on 29th August, 1927, and the last on 19th December, 1927, and 60 concrete non-parlour houses at the Martello Site, the first being let on 27th May, 1927, and the last on 3rd October, 1927.

The sixth scheme provided for 48 brick non-parlour houses on the Martello site, the first of these being occupied on 10th December, 1928, and the last on 11th February, 1929.

The seventh scheme provided for 40 two-bedroom type houses at Victoria Drive on part of the hutment site which had been cleared and these were commenced on 9th November, 1927, the first being let on 25th June, 1928.

The second part of the seventh scheme provided for 34 two-bedroom brick houses at Victoria Drive on the hutment site, and the first of these houses was occupied on 25th March, 1929.

The eighth scheme provided for 30 non-parlour brick houses and eight parlour brick houses at the northern end of the Victoria Drive Site and on various vacant plots on the Victoria Drive Site. The first of these houses was occupied on 29th July, 1929.

The ninth scheme provided for 18 houses, 6 parlour and 12 non-parlour, at Victoria Drive on the site of the hutments, and on other vacant plots the first of these being let on 3rd February, 1930, and the last on 28th April, 1930.

The tenth scheme provided for 28 non-parlour houses on the Victoria Drive Site, the first of these being let on 7th July, 1930, and the last on 29th September, 1930.

The eleventh scheme provided for 62 dwellings on the Martello Site, viz., 20 parlour houses with three bedrooms, 14 non-parlour houses with two bedrooms and 28 one-bedroom flats.

The twelfth scheme provided for 14 houses on the Archery Site, viz., 6 parlour houses with three bedrooms and 8 non-parlour houses with three bedrooms.

The first of these houses in Schemes 11 and 12 was let on 20th June, 1933, and the last on 19th September, 1933.

The thirteenth Scheme provided for 32 non-parlour two bedroom houses at Horsey Bank and these houses were commenced during 1933.

Two steel houses have been erected at Victoria Drive.

Four houses have been erected in connection with small holdings.

Thirteen police cottages have been completed and are occupied.

Three houses in connection with Corporation undertakings have been completed and occupied.

There are thus 917 municipal houses occupied and 32 nearing completion.

The Borough Treasurer's estimate of the net call on the rate for these houses and undeveloped land (£926) from April, 1933 to April, 1934 will be £7222, or about a 2·2d. rate.

### HOUSING APPLICATIONS.

At the close of 1933 there were 912 applications for houses on the books of the department, an increase of 120 during 1933. Particulars of these applications are set forth in the following table:—

# SUMMARY OF APPLICATIONS FOR HOUSES.

(a)	Applicants	who	have	been	resident	in
	Eastbourne	for r	nore th	nan fiv	e years.	

1.	Applicants occupying SI	x rooms	:	
	Having three children			1
	Having two children			1
	Having one child			4
	Having no children			1
2.	Applicants occupying Fr	ve room:	s:—	
	Having five children			1
	Having four children			3
	Having three children			1
	Having two children			9
	Having one child			1
	Having no children			2
3.	Applicants occupying Fo	ur room	ıs :	
0.	Having six children			3
	Having five children			2
	Having four children			1
	Having three children			10
	Having two children			10
	Having one child			14
	Having no children	• •		3
4.	Applicants occupying TH	IREE roo	ms:—	
	Having six children			5
	Having five children			3
	Having four children			4
	Having three children			12
	Having two children			31
	Having one child			69
	Having no children			29

5. Applicants occupying Two rooms:	_	
Having six children		2
Having five children		7
Having four children		7
Having three children		22
Having two children		75
Having one child		142
Having no children	٠.	56
6. Applicants occupying One room:		
Having six children		1
Having five children		3
Having four children		2
Having three children		11
Having two children		46
Having one child		64
Having no children		31
_		
Total number of applicants who h		
resided five years or more in		
Borough	٠.	689
Arranged according to the number		
children in the family, these applicati	ons	
are as follows:—		
Applicants with six children		11
Applicants with five children		16
Applicants with four children		17
Applicants with three children		57
Applicants with two children		172
Applicants with one child		294
Applicants with no children		122
Total		689
(b) Applicants who have been resident	s of	
Eastbourne for less than five year		
1. Applicants occupying Six rooms:—	-	
Having three children		

Having two children			3
Having one child			1
Having no children			1
2. Applicants occupying Five	ve rooms	s :—	
Having six children			1
Having four children			1
Having three children			1
Having one child			1
Having no children			2
3. Applicants occupying Fo	ur room	s:	
Having six children			1
Having two children	• •		2
Having one child			2
Having no children	• •		2
4. Applicants occupying Th	REE root	ns :	
Having four children			1
Having three children			2
Having two children			2
Having one child			5
Having no children	• •		2
5. Applicants occupying Tw	o rooms	:	
Having five children			2
Having four children			2
Having three children	• •		2
Having two children			4
Having one child			8
Having no children			1
6. Applicants occupying Ox	E room		
Having three children			1
Having one child			10
Having no children	• •		4
Total number of applicar	ote who	havo	
resided in the Borough			
five years	1 101 1688	liidii	65
iive years			00

Arranged according to the number children in the family ,these applications are as follows:—		
Applicants with six children		2
Applicants with five children		2
Applicants with four children		4
Applicants with three children		7
Applicants with two children		11
Applicants with one child		27
Applicants with no children		12
		_
Total		65
(c) Applicants who are at present occupy whole houses in the Borough	ing	119
· · · · · · · · · · · · · · · · · · ·		
(d) Applicants living outside the Borough		39
Summary.		
(a) Applicants who have been resident	in	
the Borough for more than five years		. 689
(b) Applicants who have been resident	in	
		65
(c) Applicants who are at present occupy whole houses in the Borough	ing	119
(d) Applicants living outside the Borough		39
Total applications on register		912

From this table it will be noted that of the applicants, 119 have a whole house at present, 65 are newcomers to Eastbourne and 39 live outside the Borough.

Of the remaining 689 applicants, 122 have no child and 294 one child only; 220 have at least three rooms each.

There remain 176 applicants, and these and a large number of the 294 applicants with one child only, require the careful consideration of the Council.

### OCCUPATION CERTIFICATES.

Certificates of occupation have been issued in the last twenty-seven years as under:—

Year.		Year	r.	
1907	 127	192	0	80
1908	 105	192	1	147
1909	 100	192	2	44
1910	 85	192	3	102
1911	 139	192	4	150
1912	 98	192	5	224
1913	 103	192	6	328
1914	 92	192	7	405
1915	 43	192	8	233
1916	 24	192	9	368
1917	 1	193	0	254
1918	 8	193	1	205
1919	 0	193	2	171
		193	3	150

It will be seen that post-war building has been far in excess of pre-war building and Eastbourne's population is better housed.

### OVER-CROWDING.

As usual in the ordinary course of duty, steps had to be taken by the officers of the Sanitary Authority with regard to over-crowding, and in some of the cases the offenders were tenants of Corporation houses who were sub-letting. No case had to be taken into Court, though many verbal notices had to be given.

### FITNESS OF HOUSES.

The general standard of housing is good; repairs are going on and houses kept up to a habitable condition.

The general character of defects was want of repair, causing dampness, and want of painting and decoration mainly. The Inspectors have managed to get serious nuisances remedied for the most part. The dampness of some of the older houses in the "Marsh" district due to the

proximity of the floors to the ground water is difficult to remedy. This does not occur in houses built under the existing bye-laws as to floor levels.

The sub-division of houses is often unsatisfactory, for rooms are used as separate dwellings which were never intended for that purpose.

### UNFIT HOUSES.

Closing Orders were made during the year in respect of 12 unfit tenements, viz:— Nos. 1, 1a, 2 and 7 Chapman's Garage, Susans Road; and Nos. 2, 3, 9, 10, 11, 11b, 14 and 16 Pendrill Mews.

The question of the demolition of 8 houses, viz., Nos. 1, 2 and 3 Raglan Cottages, and Nos. 6, 8, 10, 12 and 14 Furness Road was considered by the Council, and the owners have given undertakings that these houses shall not be used for human habitation in their present condition.

No. 465 Seaside, which was unfit for human habitation has been demolished by the Council, who purchased it in connection with road widening.

It is regrettable that in the alteration of houses into flats so many basement flats have been tenanted. They comply with the regulations, but some are poor places in which to bring up children.

### BYE-LAWS.

The Sanitary Inspectors carry out the duties in regard to existing houses, under the Medical Officer of Health, and the Sanitary and Public Health Committee.

# HOUSING CONSOLIDATED REGULATIONS, 1925.

During 1933, 272 houses were examined in this connection, the total number so inspected to date being 2962.

### BLIND PERSONS.

Under the Blind Persons Act, 1920, there is a Statutory Committee to administer its provisions. This Committee includes six members of the Council and four co-opted members, one being the Hon. Secretary of the Voluntary Society for the Blind.

The welfare of blind persons in Eastbourne is looked after by two organisations, viz., the Statutory Committee and the voluntary Society. These two are in close touch and some of the members are on both bodies. The dividing line of the activity of these two bodies is that separating statutory duties and various social amenities. A Sub-Committee of the Statutory Committee considers all cases for financial assistance, both of the blind and their dependants.

The Statutory Committee has a paid half-time visitor who is a qualified teacher of Braille and of pastime and other occupation for the blind. Miss D. Baskett was appointed half-time visitor on 1st June, 1929, and visits all cases requiring visits and gives instruction and also makes the necessary investigations for the registration of the blind persons. In addition to this, on behalf of the Voluntary Society, she assists blind persons by writing letters, reading, taking them for walks and finding suitable accommodation for them. The Committee also has a duly appointed Consultant Ophthalmic Specialist, Mr. E. V. Oulton.

During the year there has been an increase of three in the number of blind persons within the Borough.

Of the 82 blind persons on the register at the end of 1932, seven have died, leaving 75 on the register.

Ten cases were added to the register, bringing the total at the end of 1933 to 85. One of these new cases was transferred to Eastbourne from another area on taking up residence here.

Age Group.			Males.	Females.	Total.
Under 5 years	• •	٠.	_		
Between 5 and 15		• • •	1		1
Between 15 and 25			2	I	3
Between 25 and 65			27	23	50
65 years and upwards	• •		8	23	31
Totals			38	47	85

It is satisfactory to note that there are again no new cases of blind children. An infant who had some impairment of vision after ophthalmia neonatorum during the year has since died from Convulsions with Broncho-pneumonia.

Of the 85 blind persons, about one-third are totally blind, the remainder having a varying amount of sight, in all cases insufficient to enable the persons concerned to earn a livelihood.

The	pre	sent conditions as to occupations are:	-
	<i>(a)</i>	Children under school age	-
	(b)	Children of school age	1
		(This child is not at school, being	
		otherwise defective)	
	(c)	Persons of an age and condition for	
		institutional training:—	
		In institutions	1
	(d)	Persons receiving home instruction in	
		pulp cane work, etc.	22

Two blind persons are permanently employed in a Workshop for the Blind, two are in Institutional Homes for the Blind, two are in a Mental Institution and three are in the Local Public Assistance Institution.

During 1933 materials for basket making and chaircaning were supplied to such cases as were requiring them, numbering 20 in connection with the instruction given by the Home teacher.

The Council's scheme under the Local Government Act, 1930, provided that domiciliary assistance of blind persons should be given by the Blind Persons Act Committee and not through the Public Assistance Committee. With regard to the dependants of blind persons, the Blind Persons Act Committee gives relief on behalf of the Public Assistance Committee.

This domiciliary assistance was commenced on 13th September, 1930. During 1933 weekly allowances have been paid to 32 cases, the amount expended being £845. 11s. 6d., of which £40. 2s. 6d. was in respect of dependants.

The Voluntary Society was re-formed in 1921 to look after the social interests of the blind and to give assistance, which would not be provided under the Act.

This society has undertaken individual social visiting and entertainments have been given. It is influential and active. To each blind person a special visitor is appointed, if the person wishes, and this visitor is responsible for reports to the society.

The report of the Voluntary Society shows an expenditure for the year ending 28th February, 1934, of £166. 13s. 9d. Expenses only amounted to a comparatively small sum, thanks to energetic personal work.

The Voluntary Society arranges for a club, drives, Christmas gifts, some teaching and general supervision and assistance. It also pays the Statutory Committee's half-time Home Visitor ten shillings weekly for her aid to the society.

At the Free Library a weekly Braille newspaper is provided. The Council makes a grant to the National Lending Library for the Blind in London, and it has been found more convenient to change books direct. There are 10 blind readers at present taking advantage of these books. Four Braille magazines supplied monthly by the Voluntary Committee are circulated amongst the readers.

Braille is taught by the Home Teacher and by Miss Ainsworth.

Two new pupils were being taught Braille and two being taught Moon by the Home Teacher during 1933, and supplied with the necessary books.

During the year the Council allowed 39 of the blind free 'bus tickets and free chair tickets for the parade.

During 1933, 22 persons received training in pulp cane work, raffia and straw work and knitting. A sale of articles made by the blind was organised by Miss Baskett at the end of the year, there being 200 articles for sale. The amount realised was £24. 6s. 0d. which was handed to those who had made the articles. The pastime work of the blind has greatly improved during the year. There has been a steady sale of the articles made.

The total number of visits paid by the Council's Visitor during the year was 1046.

### PREVENTION OF BLINDNESS.

In all departments such as Maternity and Child Welfare and School Medical Inspection, sight receives special attention. In adults assistance is given in occasional cases in prevention such as advice from the Opthalmic Consultant.

The Consultant, Mr. Oulton, uses the new form in his reports on persons sent to him for examination as to blindness.

# DEAFNESS AND THE DEAF AND DUMB.

The Local Authority received two circulars from the Ministry of Health in May, one relating to the Prevention of Deafness and the second to the Deaf and Dumb.

Prevention of Deafness.—In their circular, the Ministry pointed out that the vital factor in dealing with deafness is along the lines of prevention. Our Maternity and Child Welfare services provide for attention to early illnesses and their effects. Deafness and ear disease result most frequently from early illnesses, and provision is made for attention to these ailments both in infancy and in later years of childhood. In 1933 visits were made by the Health Visitors to infants in 81 per cent, of the births notified. There is a special Ear, Nose and Throat Hospital to which the Authority subscribes. A specialist is available if required. By these and other provisions, especially in the School Medical Service, a certain amount of prevention of deafness is attained. More good work would be done in the general prevention of illnesses such as measles, but it is difficult for the officers of the Authority to get early information. It is in the work of the Health Visitors that most help is likely to accrue in the prevention of deafness, and any steps that seem likely ones are being taken to increase the efficiency of preventive measures.

The Deaf and Dumb.—There has been for many years in Eastbourne a voluntary organisation for the social welfare of the deaf and dumb. The Medical Officer of Health is a member of this organisation. After the receipt of the Ministry's Circular 1337, steps were taken to compile an official register of the deaf and dumb with all particulars with a view to carrying out the suggestions in the circular as to employment. The register now contains 31 names. The suggestions will be carried into effect where practicable.

### MENTAL DEFICIENCY.

At the end of 1932, there were 48 males and 57 females on the register. During 1933, one female case died, leaving 48 males and 56 females on the register. Three males and one female have been "ascertained" during the year, and two females have been notified by the Local Education Authority, making a total of 51 males and 59 females on the register at the end of 1933.

Of the four new cases ascertained, two males and one female have been placed under supervision, and one male sent to an Institution. The two females notified by the Local Education Authority are under supervision.

During the year, one male was transferred from an Institution to Guardianship, one male from Guardianship to an Institution, and two males were transferred from supervision to Institutions. Two females were released on licence from Institutions and the Order of a female on licence from an Institution lapsed, the patient being placed in the care of the Brighton Guardianship Society.

The 110 cases on the register at the end of the year were as follows:—

		M	lales.	Females.	Total.
In Institutions			20	22	42
On licence from Institutio	ns		1	4	5
Under supervision			27	30	57
Under guardianship			3	3	6
			—		
Total			51	59	110

We are much indebted to the Brighton Guardianship Society for its continuous assistance.

The institutions receiving the 42 cases above mentioned are as follows:—

	1	Males.	Females.	Total.
Stoke Park Colony, Bristol		3	4	7
Brentry Colony, Bristol		8	_	8
Nazareth Catholic Home, Souther	nd	. 1	_	.1

V	Tales.	Females.	Total.
Princess Christian Farm Colony,			
Hildenborough	2	1	3
Mount Tabor Certified Institution,			
Basingstoke		2	2
St. Mary's Institution, Eastbourne		4	4
Rampton State Institution	_	2	2
St. Mary's Home, Hastings		1	1
St. Mary's Home, Painswick		2	2
Besford Court, Worcester	4	_	4
St. Teresa's, Belmont Hill, Lewisha	ım –	5	5
Dungates, Horeham Road	1	-	1
St. Mary's Home, Alton	_	1	1
Lewes Public Assistance Institution	n 1	_	1
Total	20	22	42

Dr. Fenton examines and reports on mental deficiency cases. The Inspectors for Eastbourne under the Mental Deficiency Acts are Mr. H. T. Hounsom, Senior Officer in the Public Health Department, and Miss R. Clark, Superintendent Health Visitor.

It will be noted that the numbers continue to increase. This increase is common to the whole of the country and is a serious problem, both as regards the future of the race and financially.

In the absence of local accommodation, it will be seen from the above that the 42 institution cases are scattered over 14 homes. The provision of a local institution for East Sussex is still under consideration, but no suggestion so far has indicated that there would be any saving in expense, but rather the contrary.

### MENTAL DISEASES.

The Clinic at the General Hospital under the care of Dr. F. R. P. Taylor has been in regular work during 1933. It is part of a joint East Sussex Scheme, and the County Borough of Eastbourne is one of the contributing authorities concerned.

The Clinic is held on Mondays at 2 p.m.

I submit a copy of Dr. Taylor's report to the Committee of the Princess Alice Memorial Hospital:—

"The Clinic for Nervous and Mental Disorders has been carried on throughout the year. Forty-eight sessions were held, and there were 301 attendances, giving an average of 6.3 for each session. New cases numbered 54.

I regret that more use is not made of this Clinic, but although the attendance appears small, it must be remembered that there are a number of Clinics in the County.

The patients treated have suffered from both mental and nervous disorders, and many have derived great benefit, and come from time to time to report themselves. The knowledge that there is a place where they can obtain assistance is undoubtedly a great comfort to many nervous and mental cases."





# County Borough



Chart shewing the principal Meteorological Conditions during each day of the year 1933.







